



## PHYSICIAN LIST

### PATIENT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
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To better coordinate your treatment, it is recommended that you list the physicians that you have consulted in the past few years:

### FAMILY PHYSICIAN

NAME	CITY	PHONE
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### CARDIOLOGIST

NAME	CITY	PHONE
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### INTERNIST

NAME	CITY	PHONE
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### OTHER PHYSICIAN

NAME	CITY	PHONE
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### OTHER PHYSICIAN

NAME	CITY	PHONE
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### OTHER PHYSICIAN

NAME	CITY	PHONE
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I UNDERSTAND THAT THE PROFESSIONAL(S) I HAVE LISTED ABOVE MAY BE SENT INFORMATION REGARDING MY DIAGNOSIS.

PATIENT SIGNATURE	DATE
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