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WE ARE UPDATING OUR PATIENT FILES. WE
WOULD LIKE YOU TO PLEASE TAKE THE TIME TO
COMPLETE OUR SURVEY.

DO YOU HAVE A COMPUTER?

YES _____ NO _____

IF YES, PLEASE LIST YOUR EMAIL ADDRESS:

MAY WE CONTACT YOU BY EMAIL?

YES _____ NO _____

PATIENT NAME: _____

DATE OF BIRTH: _____

DATE: _____