



Please list your major symptoms that you would like help with.

1. _____
2. _____
3. _____
4. _____
5. _____

How many doctors have you seen about these issues? And what are your thoughts on why the treatment plans you've tried have not been successful?

Please provide your phone number and email so that we can get back to you as soon as the doctor has had a chance to review your application.

Phone

Email Address