



Describe briefly the problem in your own words including when you feel it started and what you think may have caused the problem.

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Please indicate any past treatment you have had for this problem.

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Please list any medications, past and present, you have taken specifically for this problem.

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The doctor will *free* you now.

1110 COLVIN BLVD TONAWANDA, NY 14223 PHONE: 716-565-0685