

PATIENT NAME _____

Medical Updates

I have read my MEDICAL HISTORY dated _____ and confirm that it adequately states past and present conditions.

DATE	EXCEPTIONS	None <input type="checkbox"/>	PATIENT'S SIGNATURE	BP	REVIEWED BY Dr. _____
_____	_____		_____	_____	
_____	_____		_____	_____	

DATE	EXCEPTIONS	None <input type="checkbox"/>	PATIENT'S SIGNATURE	BP	REVIEWED BY Dr. _____
_____	_____		_____	_____	
_____	_____		_____	_____	

DATE	EXCEPTIONS	None <input type="checkbox"/>	PATIENT'S SIGNATURE	BP	REVIEWED BY Dr. _____
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