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Systems/ MedAire, 80 E. Salado Parkway, Suite 610, Te Mar 14th, 2024

## MEDICAL HISTORY QUESTIONNAIRE

Medical History Questionnaire 1 Name: Date Of Birth: Current Symptoms: Flashes Blank Spots Double Vision Floaters Watery Eyes/ Tearing Foreign Body Sensation

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Medical History Questionnaire MEDICAL ALERT: ... Are There Any Diseases Or Medical Problems That Run In Your Family (e.g. Diabetes, Cancer Or Heart Disease)? Yes No Not Sure/Maybe 18. Do You Smoke Or Chew Tobacco Products? Yes No Not Su Jan 1th, 2024

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