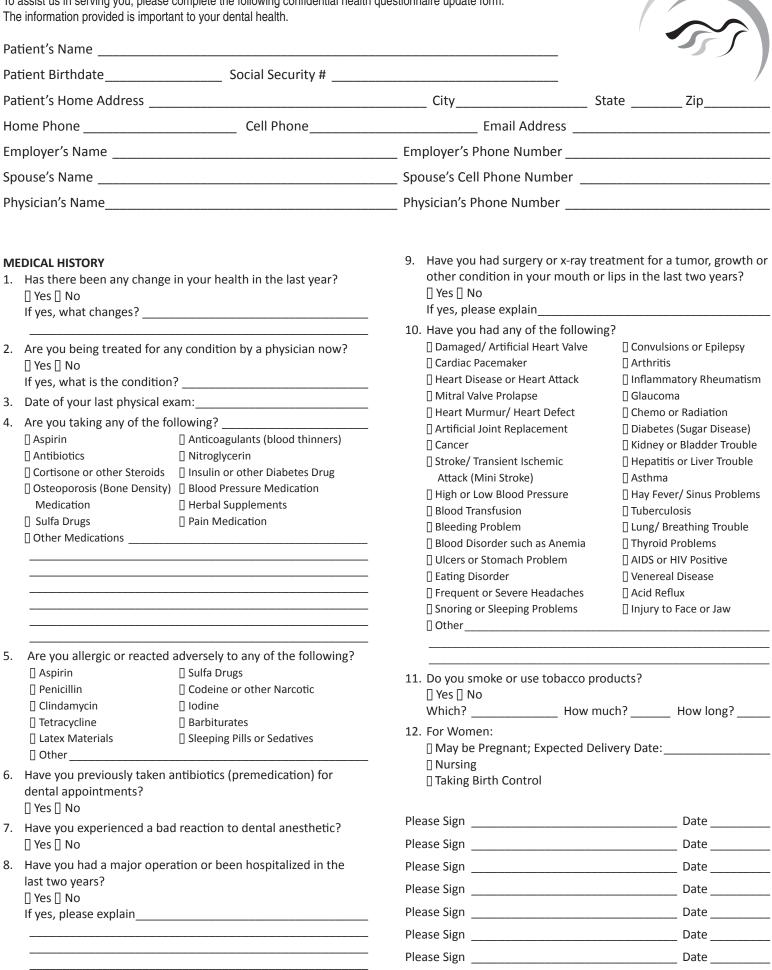
Health History Update

To assist us in serving you, please complete the following confidential health questionnaire update form.



Please Sign Date