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### Intake Medical History:

Please list all doctors and/or medical facilities as well as any other medical providers who have provided medical treatment for the care of your industrial injury. Please additionally list any providers whom you have treated with previously for any body parts related to this industrial claim(s).

If the form cannot be completed at this time please provide it to our office by: \_\_\_\_\_

<b>Doctor Name</b>		<b>Phone/Fax</b>	
<b>Address</b>			

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<b>Address</b>			

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