



Please list your current Over-The-Counter Medication(s) if taken more than 5 times per week.

Example: Tylenol

Example: 500mg

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Conditions being treated.

To be filled in **only** by Lifetime Fat Loss Clinic Providers for **non-fat** loss clients.

Example: Lower Back Pain

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By signing, I authorize this office to disclose certain protected health information about me to Lifetime Analysis LLC.

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Signature of Patient or Guardian

\_\_\_\_\_  
Date