

PATIENT QUESTIONNAIRE

<p>1. Select the type of matrix that you want to receive and indicate the number of the universal matrix.</p> <p>Universal Number of Matrix. _____ Indicate Number (s)</p> <p>Individual matrix by photo</p> <p>Individual with PhytoComponents *</p> <p>* Phyto is recommended to order to enhance the effectiveness of the individual matrix. Phyto discounts are not available.</p>	
2. Full Name of Patient:	
3. Date of Birth:	
4. Mailing Address:	
5. Country:	City:
6. Profession:	
7. Reason for order (main diagnosis):	
8. Accompanying illness:	
9. Other Complaints:	
10. Phone #	
11. Email	Alternate Email
<p>Pay attention to the capacity of your mailbox. Files with the program weigh an average of 60 MB. The program can contain up to 10 files. If possible, provide a backup email address to which we will write to you in case of returning our letters.</p>	
12. How Did you Hear About Us:	
13. Your Wishes:	
14. Date of Application:	

We ask you to fill in the fields as carefully and in detail as possible. This will give us the opportunity to get a clearer picture of your diagnosis and health status at the time of your visit.

Please note that all the data we receive from you is strictly confidential and not subject to publicity.

Removal from coma

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