

ELITE RENAL CARE

ON LINE KIDNEY AND HIGH BLOOD CONSULTATION FORM

NAME: _____

AGE: _____

SEX: _____

EMAIL: _____

PHONE: _____

MEDICATIONS, VITAMINS & SUPPLEMENTS

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

MEDICAL CONDITIONS

1. _____

2. _____

3. _____

PLEASE EMAIL COMPLETED FORM TO drchiu@eliterenalcare.com