



4. Date(s) you treated the patient for condition: _____

5.

Additional Information:

Name of Treating Professional (Please Print)

Signature of Treating Professional

Date

Please stamp with office stamp or write license number here (required): _____

Please return to the following address listed below:

Completed questionnaire

Dean of Student Affairs
Florida Atlantic University
Bldg. 8, Room 226
777 Glades Road
Boca Raton, FL 33431
561-297-3542