

# FAX

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**To:**

**Fax Number:** 13147547497

**Pages:** 5 (including cover page)

**Re:** Survey Submission

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**From:** Brian Mehl

**Date:** 07/29/2007

**Comments:**

Cover Letter

Attention: Dr Bones

Attached is a new Symptom Survey filled out from your website.

Please contact them as soon as possible to schedule a consultation.

Sincerely,

Online Symptom Survey Staff

[www.onlinesymptomsurvey.com](http://www.onlinesymptomsurvey.com)

GROUP ONE

Answer	Answer	Answer
1 - 2	8 -	15 -
2 -	9 - 3	16 -
3 -	10 - 2	17 -
4 -	11 - 2	18 -
5 -	12 -	19 -
6 - 3	13 - 2	20 -
7 -	14 -	21 - 2

GROUP TWO

Answer	Answer	Answer
22 -	29 - 3	36 -
23 - 2	30 -	37 -
24 -	31 -	38 -
25 -	32 -	39 -
26 -	33 -	40 -
27 - 2	34 -	41 -
28 - 2	35 -	

GROUP THREE

Answer	Answer	Answer
42 -	49 -	53 - 3
43 -	50 -	54 -
44 - 2	51 -	55 -
45 - 2	52 -	
46 - 1		
47 -		
48 -		

GROUP FOUR

Answer	Answer	Answer
56 -	63 - 3	68 -
57 -	64 -	69 -
58 -	65 -	70 -
59 -	66 -	71 -
60 -	67 - 1	72 -
61 -		
62		

**GROUP FIVE**

<b>Answer</b>	<b>Answer</b>	<b>Answer</b>
73 -	83 - 1	91 -
74 -	84 -	92 -
75 -	85 - 1	93 - 1
76 -	86 -	94 -
77 -	87 -	95 - 1
78 -	88 -	96 - 3
79 -	89 -	97 -
80 -	90 -	
81 -		
82 -		

**GROUP SIX**

<b>Answer</b>	<b>Answer</b>	<b>Answer</b>
98 -	101 -	104 - 3
99 - 3	102 - 2	105 -
100 - 1	103 -	106 -

GROUP SEVEN

(A)	(C)	(E)
107 - 3		150 -
108 -	137 -	151 -
109 -	138 -	152 -
110 - 1	139 -	153 -
111 -	140 -	154 -
112 -	141 -	155 -
113 -		156 -
114 -		
115 -	(D)	(F)
116 -	142 - 3	157 -
117 - 1	143 -	158 -
118 -	144 -	159 -
119 -	145 -	160 -
120 -	146 - 3	161 -
121 -	147 -	162 -
	148 -	163 -
(B)	149 -	164 - 3
122 -		165 -
123 -		166 -
124 -		167 -
125 -		168 -
126 - 1		169 -
127 -		170 -
128 -		171 -
129 -		172 -
130 -		
131 -		
132 -		
133 -		
134 -		
136 -		

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 -	200 -	213 -
174 -	201 -	214 - 1
175 -	202 -	215 -
176 -	203 -	216 -
177 -	204 -	217 -
178 - 1	205 -	218 - 3
179 -	206 -	219 - 1
180 -	207 -	220 -
181 -	208 -	221 - 1
182 -	209 -	222 -
183 -	210 -	223 - 1
184 -	211 -	224 -
185 -	212 -	
186 -		
187 -		
188 - 1		
189 -		
190 -		
191 -		
192 -		
193 -		
194 -		
195 -		
196 -		
197 -		
198 -		
199 -		

**IMPORTANT**

Main Physical complaints.

1. **Difficult digestion**
- 2.
- 3.
- 4.
- 5.

<b>Name: Billy The Kid</b>			
<b>Email Address: bill@email.com</b>			
<b>Phone: 314-555-5678</b>		<b>Best Time to Reach: After 5pm</b>	
<b>Age:</b>	<b>Weight: 150</b>	<b>Height: 6'</b>	<b>Sex: Male</b>
<b>History of Illness: Asthma being treated with Abuterol</b>			
<b>Operations, Accidents or Injuries: Appendicitis when 10yrs old</b>			
<b>Present Illness or Injury: Back Pain</b>			
<b>Diagnostic Summary:</b>			