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Paula J. Shulman, M.D., F.A.C.O.G. Phabillia Afflack, M.D., F.A.C.O.G.

Health History: First Name: MI: Date: DOB: Age: Primary Care Physician: DOB: Phonc#: Past Medical/Surgical History: (i.e. Endometriosis, Ovarian Cyst, Hospitalizations, Surgeries, etc.) Illness Year Illness Y N Standard Standar	Email:						
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