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Eye Physician and Surgeon
Glaucoma Specialist

Linda Hsieh, O.D.

Doctor of Optometry
Specializing in Contact Lenses

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TO: _____
(DOCTOR OR HOSPITAL)

(ADDRESS)

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| <input type="checkbox"/> SIDNEY J. WEISS, M.D. | <input type="checkbox"/> DAVID R. GWYNN, M.D. |
| <input type="checkbox"/> SATVINDER GUJRAL, M.D. | <input type="checkbox"/> LINDA HSIEH, O.D. |

THE COMPLETE HISTORY RECORDS IN YOUR POSSESSION, CONCERNING MY ILLNESS
AND/OR TREATMENT DURING THE PERIOD FROM ____All____ TO _____

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