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D.T. Bhutia (Doctor Tibetan Medicine)  
(Sowa-Rigpa)  
Traditional Tibetan Medicine

## Intake form

Name: \_\_\_\_\_ m / f

Street:

Postal code & place:

Country:

Telephone:

Date of birth:

Place of birth:

What are your complaints?

Are you under the treatment of a general practitioner, a specialist, or another practitioner?  
In case of yes, which one?

In case of yes, what is the diagnosis?

Which Western medicines or other medicines do you use?

Medicines:

For the complaints:

Date and place

Signature

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