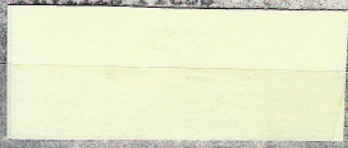


832077

Dr Sidney Hollis
 16 Cedarhurst Ave
 Cedarhurst, NY 11516

12/9/82

Phyllis Press



Dear Doctor:

#9700-39275

Your patient, named above, has applied for insurance with this company and has given us the attached authorization to write you for information. We would appreciate your giving us a summary of this patient's medical history. Your courtesy in replying promptly will aid in a proper evaluation of your patient and permit us to take prompt action on the application. If you prefer to provide us with a narrative summary, please feel free to do so **PLEASE GIVE AS SPECIFIC AND DETAILED INFORMATION AS POSSIBLE.**

Thank you,

John B. Grogan, M.D.
 Medical Director

(1) Date Attended		Complaints and Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
Month	Year				
11/12	1975	Craniotomy with clipping of ICA aneurysm & wrapping of second ICA aneurysm. Int. Serial Hospital.	1975-1981		
		Yearly office visits for followup care			

(2) Laboratory Findings (including x-ray, ECG, BMR, pathological reports, and blood pressure readings etc., with dates)

Normal EEG 1976

(3) Present condition, if known? (include sequelae and complications of above reported illness)

last CV 6/10/82 neurologically negative

(4) Have any other physicians or surgeons been consulted? If so, please give name, date, and nature of disorder.

(5) Please record any other information which might have a bearing on this person's health.

PAID

(6) Special information desired: (the summary requested in items 1 through 5 should be completed in all instances.)

12/20/82
 (Signature)

Nº 101547

Date 12/13/82 (Signature) J. Hollis M.D.

Our draft for immediate payment for this service is attached. PLEASE COMPLETE THE DRAFT IN FULL, DETACH AND DEPOSIT FOR YOUR FEE. If however, this report was especially difficult to prepare, please enclose a statement with this completed form and we will mail a check to you for the additional fee requested.