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Name \_\_\_\_\_

**Diagnosis:**

- Pelvic pain
- Pelvic / abdominal adhesions
- Dysmenorrhea / endometriosis pain
- Dyspareunia / Coccydynia / Vulvodynia
- Adhesions / Scar release
- Postpartum incontinence
- Painful ovulation / Mittelschmerz
- Retroverted /retroflexed uterus
- Anteverted /anteflexed uterus
- Uterine prolapse
- Round, broad, sacrouterine ligament pain
- Pubic symphysis pain / separation
- Fibromyalgia / Myofacial pain
- Back, Hip, Neck, Head pain
- Other \_\_\_\_\_

EVALUATE & TREAT

Medically necessary

Comments, significant medical history \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician's signature

date

Doctor's name: \_\_\_\_\_ UPIN \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_