

FORM FOR CURED CASES OF ACUTE CYSTITIS

Patient age:

Patient gender:

Symptoms spontaneously mentioned by patient:

Symptoms obtained by questioning the patient:

Temperature:

Pulse:

Any objective symptoms of the patient useful for prescribing:

Urinalysis:

Remedy and potency selected:

Why remedy was chosen, what other remedies (if any) were considered:

Number of doses and time needed to cure the patient:

Other information that should be known about this patient/case:

Send this form to Irene Sebastian, MD via email ([IreneSebastian@earthlink.net](mailto:IreneSebastian@earthlink.net)), or fax to 504-483-7905, or send as a letter to 3402 Bienville St., New Orleans, LA 70119