



ConvertHub.io

# MASS TORT INTAKE FORM

## CLIENT INFORMATION

**Name:**

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**Phone:**

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**E-mail:**

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**Address**

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**DOB:**

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## LEAD INFORMATION

**Type of product used?**

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**When first exposed?**

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**When last exposed?**

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**Where was the product purchased?**

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**How frequently was the product used?**

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**Name of where you were diagnosed?**

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**Address of where you were diagnosed ?**

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**Treatment type?**

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**Treatment date?**

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**Name of where you were treated?**

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**Address of where you were treated?**

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**Add customized questions here**

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**Add customized questions here**

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**Add customized questions here**

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**Add customized questions here**

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