

We are endeavoring to correlate the results of certain cardiographic and roentgenological studies at The Glen Springs. With this study in mind and as a check up of the progress of some of our cases we are asking you to answer the inclosed questions for our records. Of course, this information is confidential with the Glen Spring Medical Department.

Cordially yours,

THE GLEN SPRINGS MEDICAL DEPARTMENT

Date

How were you two months after leaving the Glen Springs?

1. Better
2. Same
3. Worse

How are you now?

1. Better
2. Same
3. Worse

Which, if any, of these symptoms are bothering you now?

1. Shortness of Breath
2. Palpitation of the Heart
3. Pain in the Chest

Other symptoms or remarks :-

Signed \_\_\_\_\_