



**GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
ADDING A NEW DEBILITATING MEDICAL CONDITION**

<b>Name of Person/Entity Requesting:</b>	<b>Entity's Name of Point of Contact:</b>
<b>Mailing Address</b>	<b>Email Address</b>
<b>Telephone Number</b>	<b>Medical Condition being added:</b>
<b>Description of Symptoms</b> <hr/> <hr/> <hr/> <hr/>	
<b>Availability of Conventional Medical Treatment</b> <hr/> <hr/> <hr/> <hr/>	
<b>Summary of Evidence</b> <hr/> <hr/> <hr/> <hr/>	
<b>Published Articles or Journals</b> <hr/> <hr/> <hr/> <hr/>	

\_\_\_\_\_  
SIGNATURE OF REQUESTOR/DATE