

## EGG DONOR INFORMATION



**DONOR ID #4432**

### SHORT BIOGRAPHY:

She is the mother of three children, including twins, and has a healthy obstetric history. She currently works as an influencer, model, and communicator, fields in which she has developed strong communication skills, responsibility, and empathy. She is a healthy woman with a balanced lifestyle, no history of relevant medical conditions, and has never previously donated eggs. She shows strong interest in participating in the egg donation process in a conscious and responsible manner, motivated by the desire to help others achieve their dream of motherhood.

## DONOR PERSONAL INFORMATION

**Location:** Brazil

**Height:** 5' 10"

**Year of Birth:** 1996

**Weight:** 152

**Ethnicity:** Latina or Hispanic

**Eye Color:** Brown

**Maternal Heritage:** Brazillian

**Natural Hair Color:** Black

**Parental Heritage:** Brazillian

## PERSONAL INFORMATION

### WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

High school graduate

### DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

### PLEASE INDICATE WHAT TYPE OF BIRTH CONTROL YOU ARE CURRENTLY USING:

Perlutan injectable

### PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

She is a very hardworking and dedicated person, always striving for personal and professional growth. She was Miss Piauí and currently works as a communicator, with experience in different fields such as sales and franchise management, which strengthened her sense of responsibility, commitment, and work ethic.

She aims to continue growing within her possibilities and sees egg donation as an opportunity to earn additional income in a conscious and responsible way, while contributing to the realization of other people's dream of parenthood and investing in building the brand she is creating.

She is the mother of three children, including twins, and has a healthy obstetric history. She currently works as an influencer, model, and communicator, fields in which she has developed strong communication skills.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

I was a very sweet, affectionate, and joyful child. Always smiling and in a good mood, I was known by everyone in the town where I lived for my loving and charming nature. My mother often says that my sweetness left such a strong impression on those around me that one neighbor decided to adopt a child inspired by me, and another neighbor chose my name for their daughter. Even when I was sick, I kept my smile and joy, something that always stood out to everyone who knew me.

### DESCRIBE YOUR FAVORITE MEMORY.

My favorite childhood memory is the feeling of being surrounded by affection. I remember walking through the streets of the town where I grew up and being called by name, receiving smiles, hugs, and warmth from people who were not always family but treated me as if they were. I was a simple, joyful, and curious child who found happiness in small things, in sidewalk conversations, in street animals, and in spontaneous gestures of care. This memory stays with me to this day and reflects who I have become: someone who believes in the power of affection and empathy.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I am a hardworking, honest, and responsible person who always strives to contribute positively in everything I do. I have a more discreet and reserved profile, I value respect, and I believe that if it is not to help, it is better not to interfere. I am calm, focused, and I enjoy more intimate moments, such as watching films and appreciating cinema.

### WHAT ARE YOUR FAVORITE FOODS?

My favorite foods are pasta with white sauce, feijoada, carrot cake with chocolate topping, and brigadeiro.

### WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I like to dedicate myself to the gym and, occasionally, to practicing sports. I also enjoy visiting coffee shops and love going to the cinema.

### WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?

I currently work as an influencer and communicator, maintaining a fixed contract as a brand ambassador for a company. On filming days, I wake up early, get ready, and spend about six hours recording content. After filming, I return home to rest and then go to the gym to train. During the week, I usually include another sport, such as CrossFit, in my routine. In my leisure time, I enjoy going out, visiting bars, and listening to MPB, a music style I appreciate a lot.

**IF YOU COULD VISIT ANYWHERE IN THE WORLD, WHERE WOULD IT BE AND WHY?**

If I could visit a place, I would choose Italy, as it has been a long-time dream because of its rich history and cuisine, and Disney, as it is a place that evokes magic and because I am a big fan of the Harry Potter universe.

**DESCRIBE A TYPICAL DAY IN YOUR LIFE.**

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**WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?**

Becoming a mother completely transformed my life. My children gave me strength, courage, and a new perspective on the world. Motherhood helped me grow, become a better person, and become more aware of how powerful love can be in driving us forward. A child brings joy, hope, and encourages us every day to fight for our dreams and keep moving forward. From the bottom of my heart, I hope this gesture can help you experience the unique, transformative, and deeply meaningful love that comes with building a family.

**WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?**

History and Portuguese

**PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.**

Becoming a mother completely transformed my life. My children gave me strength, courage, and a new perspective on the world. Motherhood helped me grow, become a better person, and become more aware of how powerful love can be in driving us forward. A child brings joy, hope, and encourages us every day to fight for our dreams and keep moving forward. From the bottom of my heart, I hope this gesture can help you experience the unique, transformative, and deeply meaningful love that comes with building a family.

**ARE YOU COMMITTED TO BEING A DONOR?**

Yes, I commit to following all guidelines and steps of the process in a responsible and conscious manner.

**DO YOU SMOKE CIGARETTES?**

No

**FAMILY CHARACTERISTICS**

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Brown	Light Brown	White	1,68	150 Lbs	Slim	High School	Business Owner
Mother	Brown	Black	Brown	1,60	157 Lbs	Slim	Bachelor's Degree In Education (Pedagogy)	Teacher
Brother 1	Brown	Brown	White	1,70	143 Lbs	Slim	Bachelor's Degree In History	Secretary

**REPRODUCTIVE HISTORY****AGE AT FIRST PERIOD**

12

**ARE YOUR CYCLES**

Regular

**INTERVAL BETWEEN PERIODS**

21

**HAVE YOU HAD A DIAGNOSIS OF ANY GYNECOLOGICAL PROBLEMS (IE; ENDOMETRIOSIS, PCOS, ABNORMAL PAP SMEARS, ETC.)?**

No

**HAVE YOU OR A PARTNER EVER BEEN DIAGNOSED WITH A SEXUALLY TRANSMITTED INFECTION (IE; CHLAMYDIA, GONORRHEA, SYPHILIS, HERPES, TRICHOMONAS, ETC.)?**

No

**DID YOUR MOTHER TAKE DES WHILE SHE WAS PREGNANT WITH YOU?**

No

**HAVE YOU EVER BEEN TOLD YOU ARE INFERTILE?**

No

**IS THERE A HISTORY OF INFERTILITY IN YOUR FAMILY?**

No

**HAVE YOU BEEN SEXUALLY ACTIVE DURING THE PAST SIX MONTHS?**

Yes

**ARE YOU CURRENTLY SEXUALLY ACTIVE?**

Yes

**HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST SIX MONTHS?**

4

**ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?**

No

**ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?**

Yes

**IF YES, WHAT BRAND**

Perlutan injectable

**WHEN**

Monthly

**DO YOU USE OTHER FORMS OF BIRTH CONTROL**

No

**HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?**

Yes

**HAVE YOU EVER HAD A SEXUAL PARTNER WHO WAS GAY OR BISEXUAL?**

No

**HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE SUSPECTED OR KNOWN TO BE HIV POSITIVE?**

No

**HAVE YOU EVER HAD RELATIONS WITH A MAN WHO HAS ENGAGED IN ANAL INTERCOURSE OR ORAL SEX WITH ANOTHER MAN?**

No

**HAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (I.E., LEAD, MERCURY, GOLD)?**

No

## MEDICAL HISTORY

**DO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)?**

No

**HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:**

Yes, mastopexy, liposuction, and abdominoplasty.

**LIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.)**

Shrimp and bee strings

**DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:**

Dipyrone

**LIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND HERBS) THAT YOU ARE CURRENTLY TAKING:**

Vitamin D, B12, C, Perlutan, and Ractan.

**LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:**

Dipyrone, vitamins B12, D, C, iron, and Ractan.

**HAVE YOU EVER HAD A BLOOD TRANSFUSION?**

No

**HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?**

No

**HAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (IE; LEAD, MERCURY, GOLD)?**

No

**HAVE YOU EVER HAD UNEXPLAINED WEIGHT LOSS?**

No

**HAVE YOU EVER HAD KAPOSİ SARCOMA?**

No

**HAVE YOU EVER HAD FEVER OF UNKNOWN ORIGIN?**

No

**HAVE YOU EVER HAD PNEUMOCYSTIC PNEUMONIA?**

No

**HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE WITH THE ABOVE SYMPTOMS/DISEASES?**

No

**DO YOU SMOKE CIGARETTES?**

No

**DO YOU DRINK ALCOHOL?**

Yes

**WHAT TYPES OF ALCOHOLIC BEVERAGES DO YOU DRINK?**

Beer and wine

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH DAY?**

1

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH WEEK?**

2

**HOW MANY ALCOHOLIC DRINKS DO YOU CONSUME EACH MONTH?**

5

**HAVE YOU EVER USED RECREATIONAL DRUGS? (LSD, MARIJUANA, HEROIN OR COCAINE, ETC.)**

No

**HAVE YOU EVER BEEN TREATED FOR DEPRESSION?**

No

**HAVE YOU EVER ATTEMPTED SUICIDE?**

No

**FAMILY MEDICAL HISTORY**

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
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**BONES, MUSCLES, JOINTS, LIMBS**

No

**GASTROINTESTINAL SYSTEM**

No

**NERVOUS SYSTEM, BRAIN, SPINAL CORD**

No

**BLOOD OR CIRCULATORY SYSTEM**

No

**RESPIRATORY SYSTEM**

No

**GENITAL/URINARY TRACT**

No

**METABOLIC (HORMONES, ENZYMES, ETC)**

No

## DETAILED FAMILY MEDICAL HISTORY

**MOTHER**

• Asthma

**FATHER**

• Hay fever

**DESCRIBE YOUR SELECTED MEDICAL PROBLEM**

none

**DESCRIBE YOUR MOTHER'S SELECTED MEDICAL PROBLEM**

asthma

**DESCRIBE YOUR FATHER'S SELECTED MEDICAL PROBLEM**

high blood pressure (controlled)

**GRANDPARENTS**

- High blood pressure

**DESCRIBE YOUR GRANDPARENTS' SELECTED MEDICAL PROBLEM**

none

**DESCRIBE YOUR OTHER FAMILY'S SELECTED MEDICAL PROBLEM**

none

**DONOR RISK ASSESSMENT QUESTIONNAIRE**

**1. HAVE YOU INJECTED DRUGS FOR A NON-MEDICAL REASON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS, INTRAMUSCULAR AND SUBCUTANEOUS INJECTION?**

No

**2. HAVE YOU RECEIVED HUMAN-DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII AND/OR FACTOR IX CONCENTRATE FOR HEMOPHILIA OR A RELATED CLOTTING DISORDER?**

No

**3. IN THE PAST FIVE YEARS, HAVE YOU BEEN GIVEN MONEY OR DRUGS IN EXCHANGE FOR HAVING SEX?**

No

**4. IN THE PAST 12 MONTHS, HAVE YOU BEEN IN JAIL FOR MORE THAN 72 CONSECUTIVE HOURS?**

No

**5. IN THE PAST 12 MONTHS, HAVE YOU HAD SEX WITH ANYONE WHO WOULD ANSWER YES TO THE PREVIOUS QUESTIONS?**

No

**6. IN THE PREVIOUS 12 MONTHS, HAVE YOU HAD SEX WITH A PERSON WITH KNOWN OR SUSPECTED HIV, HEPATITIS B OR HEPATITIS C?**

No

**7. IN THE PAST 12 MONTHS, HAVE YOU BEEN EXPOSED TO KNOWN OR SUSPECTED HIV, HEPATITIS B AND/OR HEPATITIS C INFECTED BLOOD THROUGH PERCUTANEOUS INOCULATION (E.G., NEEDLE STICK) OR THROUGH CONTACT WITH AN OPEN WOUND, NON-INTACT SKIN OR MUCUS MEMBRANE?**

No

**8. IN THE PAST 12 MONTHS HAVE YOU HAD AN ACCIDENTAL NEEDLE STICK, SHARP INSTRUMENT INJURY, CONTACT WITH HUMAN BLOOD, SERUM OR PLASMA IN THE EYE, MUCOUS MEMBRANES (LIPS OR INTERIOR OF NOSE) OR SORES?**

No

**9. IN THE PAST 12 MONTHS , HAVE YOU LIVED WITH (RESIDED IN THE SAME DWELLING) ANOTHER PERSON WHO HAS HEPATITIS B OR CLINICALLY ACTIVE (SYMPTOMATIC) HEPATITIS C INFECTION?**

No

**10. IN THE PAST 12 MONTHS, HAVE YOU HAD EAR, SKIN OR BODY PIERCING, SCARIFICATION OR TATTOOING?**

No

**11. HAVE YOU HAD A CLINICAL DIAGNOSIS OF HEPATITIS?**

No

**12. HAVE YOU, YOUR SEXUAL PARTNER(S) AND/OR ANY MEMBER OF YOUR HOUSEHOLD EVER HAD A TRANSPLANT OR MEDICAL PROCEDURE THAT INVOLVED BEING EXPOSED TO LIVE CELLS, TISSUE OR ORGANS FROM AN ANIMAL?**

No

**13. HAVE YOU BEEN SUSPECTED TO HAVE OR DIAGNOSED WITH WEST NILE VIRUS (INCLUDING DIAGNOSIS BASED ON SYMPTOMS AND/OR LABORATORY RESULTS, OR CONFIRMED WNV VIREMIA) IN THE PAST 120 DAYS?**

No

**14. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD A SMALLPOX VACCINATION?**

No

**15. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD CLOSE CONTACT WITH A SMALLPOX VACCINATION SITE OF SOMEONE ELSE WHO RECEIVED THE VACCINATION (EXAMPLES INCLUDE TOUCHING THE SITE, THE BANDAGES COVERING THE SITE OR HANDLING BEDDING OR CLOTHING THAT HAS BEEN IN CONTACT WITH AN UNBANDAGED VACCINATION SITE)?**

No

**16. HAVE YOU EVER BEEN TREATED FOR OR DIAGNOSED WITH CHLAMYDIA, GONORRHEA, HERPES SIMPLEX TYPE 2 AND/OR SYPHILIS?**

No

**17. HAVE YOU OR ANY OF YOUR BLOOD RELATIVES BEEN DIAGNOSED WITH CREUTZFELDT-JAKOB DISEASE (CJD)?**

No

**18. HAVE YOU BEEN DIAGNOSED WITH DEMENTIA OR ANY DEGENERATIVE OR DEMYELINATING DISEASE OF THE CENTRAL NERVOUS SYSTEM OR OTHER NEUROLOGICAL DISEASE OF UNKNOWN ETIOLOGY?**

No

**19. HAVE YOU EVER RECEIVED GROWTH HORMONE MADE FROM HUMAN PITUITARY GLANDS?**

No

**20. HAVE YOU EVER RECEIVED A NON-SYNTHETIC DURA MATER (BRAIN COVERING) GRAFT**

No

**21. HAVE YOU RECEIVED A BITE FROM AN ANIMAL SUSPECTED FOR RABIES WITHIN THE LAST 6 MONTHS?**

No

**22. HAVE YOU BEEN DIAGNOSED OR SUSPECTED TO HAVE T. CRUZI INFECTION OR CHAGAS DISEASE?**

No

**23. FROM 1980 THROUGH 1996 WERE YOU A MEMBER IF THE U.S. MILITARY, A CIVILIAN MILITARY EMPLOYEE OR A DEPENDENT OF A MILITARY MEMBER OR CIVILIAN MILITARY EMPLOYEE?**

No

**24. SINCE 1980, HAVE YOU EVER LIVED IN OR TRAVELED TO EUROPE (INCLUDES: ALBANIA, AUSTRIA, BELGIUM, BOSNIA-HERZEGOVINA, BULGARIA, CROATIA, CZECH REPUBLIC, DENMARK, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, IRELAND, ITALY, LIECHTENSTEIN, LUXEMBOURG, MACEDONIA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, SLOVAK REPUBLIC, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, AND YUGOSLAVIA)?**

No

## **FDA REQUIRED SCREENING**

**HAVE YOU EVER HAD A SEXUALLY TRANSMITTED DISEASE OR INFECTION (STD/STI)?**

No

**IN THE PAST 5 YEARS HAVE YOU HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

No

**HAVE YOU HAD A PARTNER WHO HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

No

**HAS YOUR CURRENT PARTNER EVER BEEN IN PRISON?**

No

**IN THE PAST 12 MONTHS HAVE YOU BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO HAS BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEX WITH A PERSON KNOWN OR SUSPECTED TO HAVE HIV, HEPATITIS B OR HEPATITIS C?**

No

**IN THE PAST 12 MONTHS HAVE YOU BEEN IN CONTACT WITH A PERSON KNOWN OR SUSPECTED TO HAVE ACTIVE VIRAL HEPATITIS?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO WOULD ANSWER YES TO ANY OF THE ABOVE QUESTIONS?**

No

**HAVE YOU EVER GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR ANY SEXUAL ACT?**

No

**WERE YOU BORN IN OR DID YOU LIVE IN OR TRAVEL TO AFRICA BETWEEN 1977 AND TODAY?**

No

**HAVE YOU HAD SEXUAL CONTACT WITH ANYONE BORN IN OR LIVED IN AFRICA BETWEEN 1977 AND TODAY?**

No

**AFTER AGE 11, HAVE YOU HAD VIRAL HEPATITIS, HEPATITIS B, OR HEPATITIS C?**

No

**HAVE YOU EVER BEEN TOLD THAT YOU COULD NOT DONATE BLOOD?**

No

**HAVE YOU EVER RECEIVED A BLOOD TRANSFUSION?**

No

**HAS YOUR PARTNER EVER RECEIVED A BLOOD TRANSFUSION?**

No

**DO YOU HAVE A BLOOD CLOTTING DISORDER AND RECEIVE HUMAN DERIVED CLOTTING FACTOR CONCENTRATION?**

No

**HAVE YOU EVER RECEIVED GROWTH HORMONES MADE FROM HUMAN PITUITARY GLANDS (HGH)?**

No

**INJECTED ANY TYPE OF DRUG FOR NON-MEDICAL REASONS**

No

**USED MARIJUANA (INCLUDING MEDICAL MARIJUANA)**

No

**USED COCAINE IN ANY FORM**

No

**USED LSD (ANGEL DUST)**

No

**USED METHAMPHETAMINE**

No

**USED ANY ILLICIT DRUG NOT LISTED**

No

**HAVE YOU EVER USED PRESCRIPTION MEDICATIONS FOR REASONS OTHER THAN THEIR INTENDED USE?**

No

**ARE YOU CURRENTLY USING ANY ILLICIT DRUGS OR PRESCRIPTION DRUGS FOR NON-MEDICAL REASONS?**

No

**DURING WORK ARE YOU EXPOSED TO TOXIC OR RADIOACTIVE SUBSTANCES?**

No

**HAVE YOU EVER HAD A NEEDLE STICK INJURY?**

No

**HAVE YOU EVER BEEN TESTED FOR HIV/AIDS?**

Yes

**IF YES - WHEN:**

2025

**RESULTS:**

negative

**HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?**

No

**IN THE PAST 7 DAYS HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?**

No

**HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH WEST NILE VIRUS (WNV)?**

No

**HAVE YOU EVER RECEIVED A DURA-MATER (BRAIN COVERING TISSUE) GRAFT?**

No

**HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH CJD?**

No

**BETWEEN 1980 AND 1996 WERE YOU A MEMBER OF THE US MILITARY OR CIVILIAN EMPLOYEE?**

No

**BETWEEN 1980 AND 1996 WERE YOU A DEPENDENT OF A MEMBER OF THE US MILITARY?**

No

**HAVE YOU TRAVELED TO A COUNTRY AFFECTED BY OR TREATED FOR SARS IN THE PAST 14 DAYS?**

No

**HAVE YOU BEEN WITH AN INDIVIDUAL AFFECTED BY SARS IN THE PAST 14 DAYS?**

No

**IN THE PAST 12 MONTHS HAVE YOU RECEIVED ANY OF THE FOLLOWING**

- None

**TRAVEL**

**BETWEEN 1980 AND TODAY, HAVE YOU TRAVELED TO ANY OF THE FOLLOWING EUROPEAN COUNTRIES? CHECK ALL THAT APPLY.**

- NONE

**HAVE YOU SPENT A TOTAL OF 6 MONTHS OR MORE ASSOCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING COUNTRIES? CHECK ALL THAT APPLY.**

- NONE

**MEXICAN RIVIERA**

- NONE

**THE CARIBBEAN**

- NONE

**CENTRAL AMERICA**

- NONE

**PACIFIC ISLANDS**

- NONE

**SOUTH AMERICA**

- NONE

**ASIA**

- NONE

**AFRICA**

- NONE

**MEDICAL HISTORY**

**OTHER HEART DISEASE**

None

**OTHER BREATHING PROBLEM**

None

**OTHER KINDNEY PROBLEM**

None

**OTHER BLADDER PROBLEM**

None

**OTHER GI DISEASE**

None

**OTHER MUSCULOSKELETAL DISEASE**

None

**OTHER HORMONAL DISEASE**

None

**OTHER REPRODUCTIVE DISEASE**

None

**OTHER BLOOD DISEASE**

None

**OTHER EYES, EARS, AND SKIN DISEASE**

None

**OTHER NEUROLOGICAL DISEASE**

None

**OTHER PSYCHOLOGICAL DISORDER**

None

**ANY OTHER DISEASE OR DISORDER**

None

FAMILY ADDITIONAL PHOTOS

