

Name	Email	Phone	Category
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tester	tester123@yopmail.com	5896321456	Beard
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Question

Answer Details

Identify your birth gender	male
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Have you used minoxidil in the past 12 months	no
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Do you have a known allergy to minoxidil	no
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Have you been diagnosed with high or low blood pressure	no
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DO YOU SMOKE	no
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Have you had any of the following	yes	dfg
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Would you like to inform your gp about this consultation	no
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11

