



07/16/25

Milwaukee WI

To Whom It May Concern,

This letter is to certify that the above named patient is a patient under the care of the Aurora Family Care Center at Sinai. He has been treated regularly for chronic health concerns that can be exacerbated by stress, frequency/vibratory or sound devices, especially with prolonged exposures. Symptoms patient has been treated for related to these conditions include increased headaches, difficulty concentrating, myofascial pain and restriction, chronic pain and mental health distress. It is in the best interest of his health to have limited exposure to such stimuli that exacerbate his medical conditions.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Vogelgesang, DO".

Joseph Vogelgesang, DO

Aurora Wiselives Center Family Medicine
8320 W BLUEMOUND RD
WAUWATOSA WI 53213-3367
Phone: 414-302-3800
Fax: 414-302-3813

CITY OF MILWAUKEE
2025 JUL 16 P 12:17
CITY CLERK'S OFFICE



07/16/25

Milwaukee WI

To whom it may concern,

This letter is to certify that _____ is a patient under the care of our clinic. She has been treated regularly for chronic health concerns that can be exacerbated by stress, frequency/vibratory or sound devices, especially with prolonged exposures. Symptoms patient has been treated for related to these conditions include increased headaches, difficulty concentrating, myofascial pain and restriction, chronic pain and mental health distress. It is in the best interest of her health to have limited exposure to such stimuli that exacerbate her medical conditions.

Sincerely,

Alexandrea Spindler, DO

AHCM Sinai Family Care Center
945 N 12TH ST
MILWAUKEE WI 53233-1306
Phone: 414-219-5219
Fax: 414-219-5960

Family Care Center
Aurora Sinai Medical Center
945 N. 12th Street, 5th floor
Milwaukee, WI 53233
414-219-5219 (P) 414-219-5960 (F)