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Neighborhood Psychiatry Mission Statement

1. Verb Base Form _____
2. Noun Plural _____
3. Noun _____
4. Adjective _____
5. Noun _____
6. Adjective _____
7. Adjective _____
8. Adjective _____
9. Noun _____
10. Adjective _____

Neighborhood Psychiatry Mission Statement

Neighborhood Psychiatry exists to _____Verb Base Form_____ _____Noun Plural_____ with the best possible, accessible psychiatric _____Noun_____ for common _____Adjective_____ _____Noun_____ delivered in a warm, _____Adjective_____ setting, by _____Adjective_____ and _____Adjective_____ team members, while accepting major health insurance _____Noun_____ and offering _____Adjective_____ self-pay alternatives.

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