MEDICAL AND PRESCRIPTION RECORDS

MEDICAL INFORMATION	DN		
My allergies and drug sens	sitivities:		
My blood type:			
Medical conditions I have:			
DOCTORS WHO ARE TR	EATING ME		
Name	Specialty	Phor	ne
Name	Specialty	Phor	ne
Name	Specialty	Phon	ie
n			
Hospital			
Name	Emergency Phone Nu	mber	
Ph aven a ar-			
Pharmacy			
Vame		Phone	
)entist			
Dentist			
Jame		Phone	
ptometrist			
ptometrist			
		Phone	

Prescription Information	Prescription Information
Name of drug	Name of drug
Date prescribed	Date prescribed
Doctor's name	Doctor's name
Prescribed for what?	Prescribed for what?
Color/shape/strength	Color/shape/strength
Directions/cautions	Directions/cautions
Prescription Information	Prescription Information
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Date prescribed	Date prescribed
Doctor's name	Doctor's name
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Color/shape/strength	Color/shape/strength
Directions/cautions	Directions/cautions
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