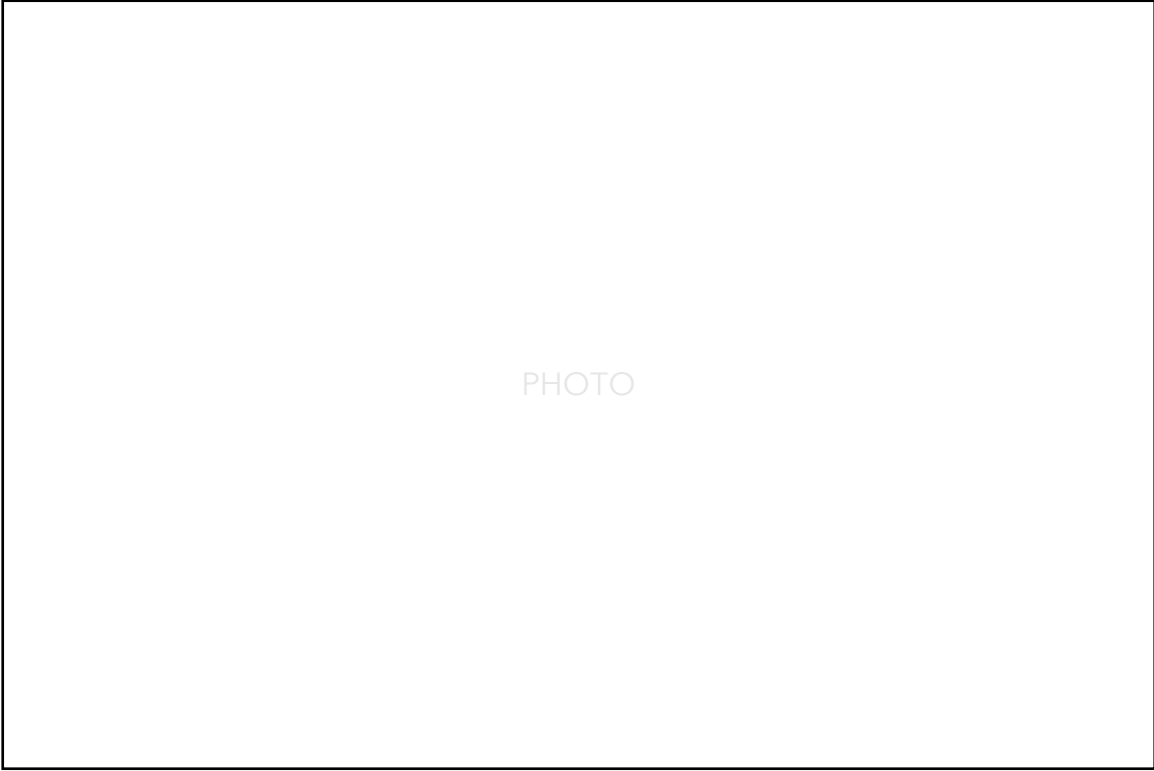


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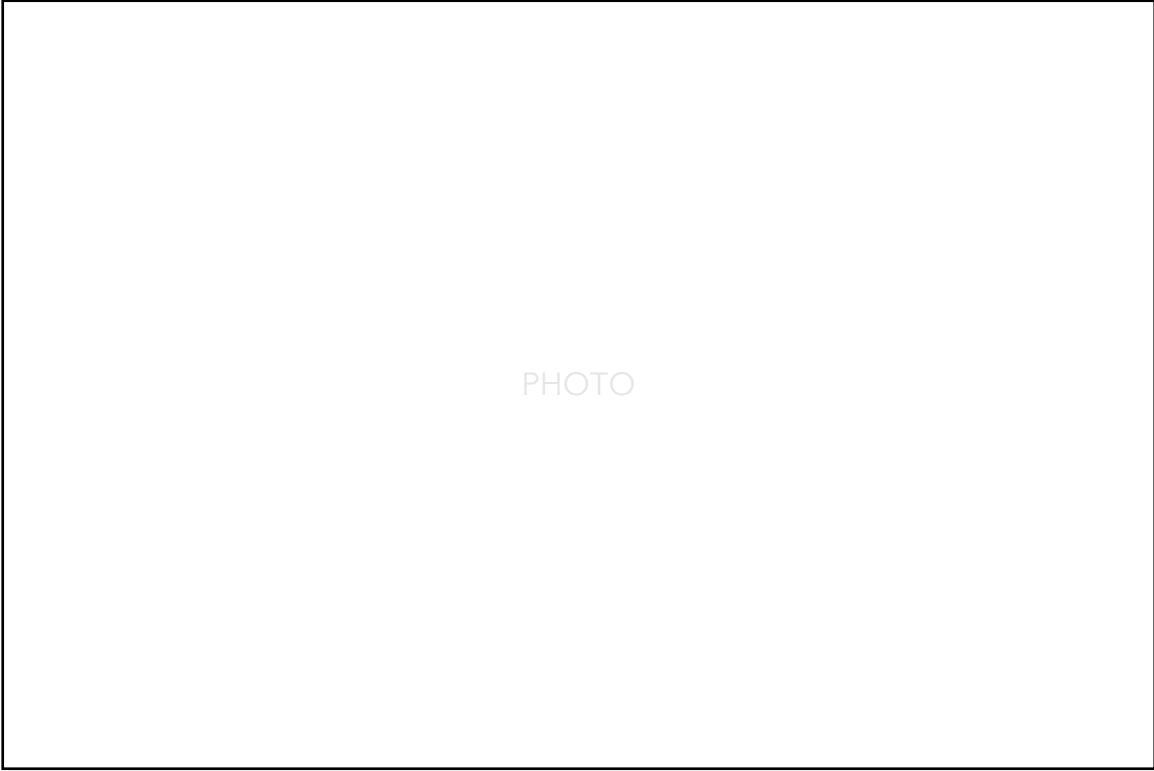
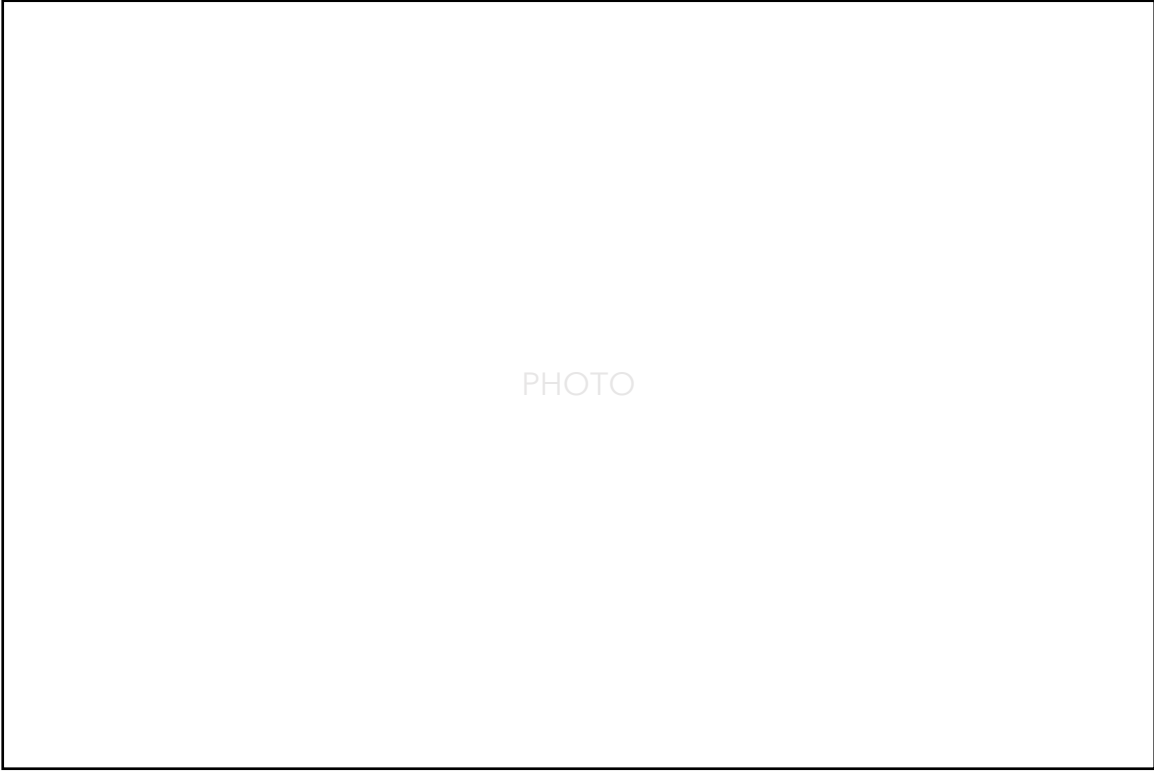


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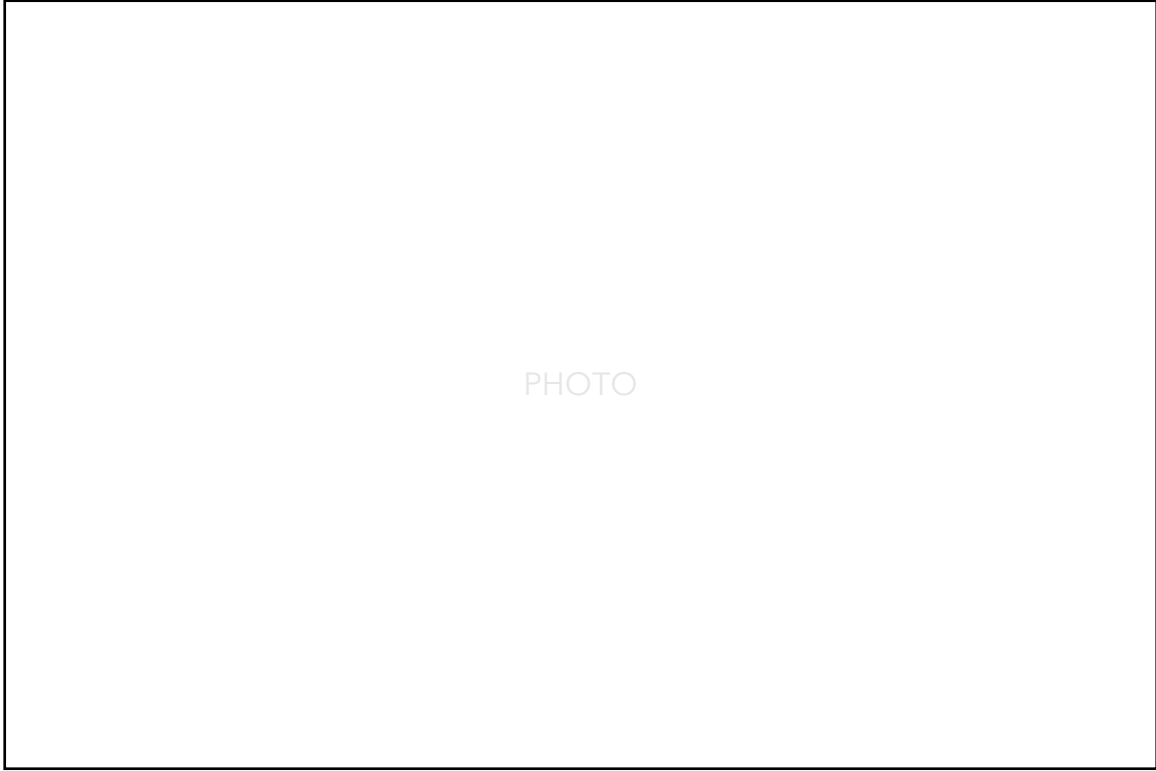
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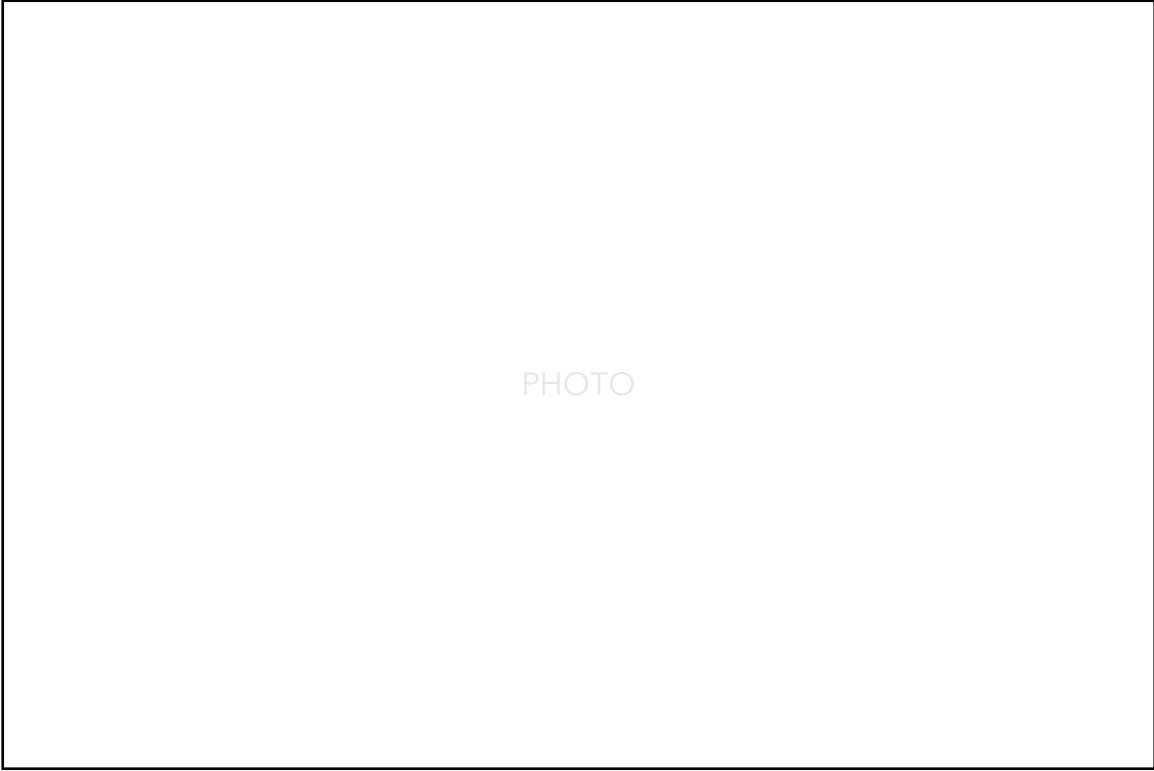
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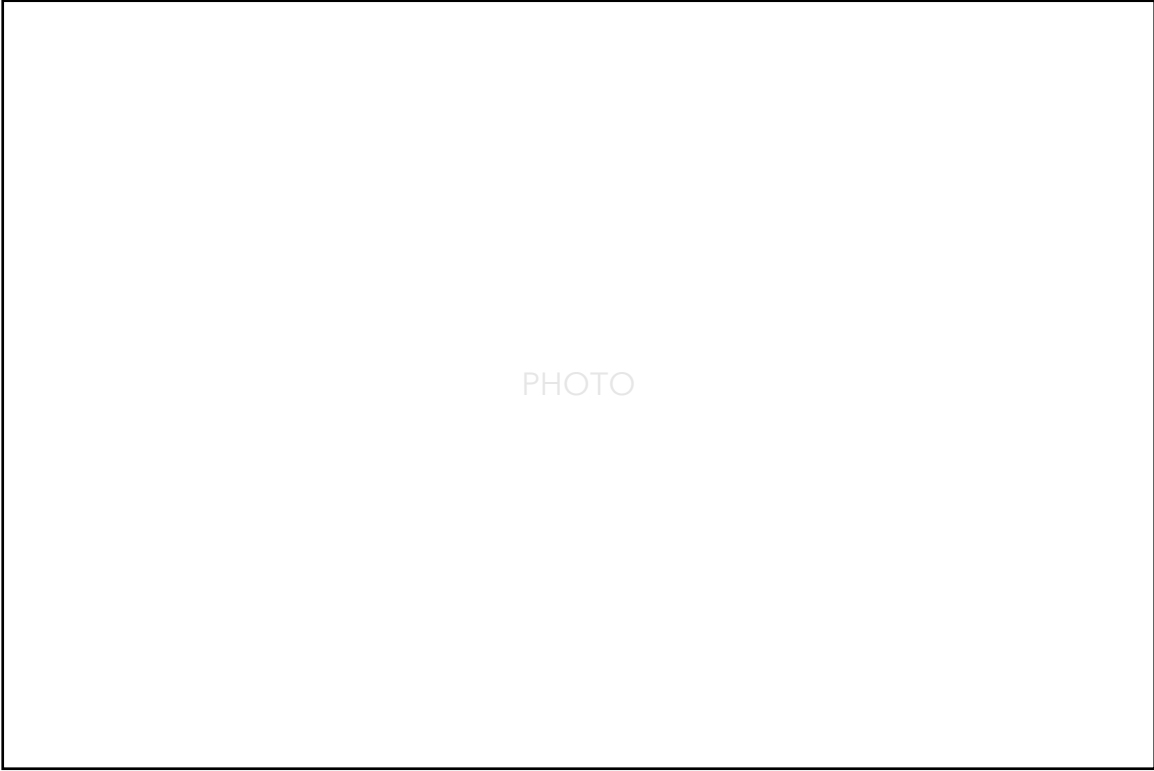
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Schedule

PATIENT'S NAME

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PAGE _____

Emergency Medical Information

Name: _____

Birthdate: ____/____/____ Age: _____

Sex: _____ Allergies: _____

Primary Care Physician: _____

Phone number: _____

Emergency Contact: _____

Phone number: _____

Emergency Contact: _____

Phone number: _____

Medical Conditions: _____

Surgical History: _____

PAGE _____

Medications

Updated: ____ / ____ / ____

| Medication | Dosage |
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