cut along line

Remember to carry this card with you to doctors' offices, hospital and clinic visits.

PHONE NUMBERS

Pharmacy:

Doctor:

Carondelet Health
A member of Ascension
St. Joseph & St. Mary's Medical Centers

MEDICATION	DOSE	HOW OFTEN	WHAT IS IT FOR?

fold here

Your Name: _____ Date this card was filled out: _____

List your prescription medicines, over-the-counter medicines and nutritional or herbal supplements here.

MEDICATION	DOSE	HOW OFTEN	WHAT IS IT FOR?

Carondelet Health
A member of Ascension
St. Joseph & St. Mary's Medical Centers

Allergies: _____

Recent Immunizations: _____

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