IMPORTANT MEDICATION INFORMATION

I am currently taking (name of medication):

_____

My name: _____

Name of emergency contact: _____

Phone number(s) of emergency contact: _____

My doctor's name: _____

My doctor's phone number(s): _____

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My name: _____

Name of emergency contact: _____

Phone number(s) of emergency contact: _____

My doctor's name: _____

My doctor's phone number(s): _____

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Phone number(s) of emergency contact: _____

My doctor's name: _____

My doctor's phone number(s): _____

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