

Green line denotes Inside Margin  
Pink line denotes Outside Bleed Margin  
Gray line denotes Die Cut

# HEALTH INFORMATION CENTER

## HEALTH CARE PROVIDERS

|               |           |
|---------------|-----------|
| Name          | Phone     |
| Doctor        |           |
| Doctor        |           |
| Church        |           |
| Dentist       |           |
| Pharmacy      |           |
| Insurance Co. |           |
| ID No.        | Group No. |

## MEDICATIONS

|  |
|--|
|  |
|  |
|  |
|  |

## ALLERGIES

|  |
|--|
|  |
|  |
|  |

## FRIENDS-RELATIVES

|  |
|--|
|  |
|  |
|  |

## EMERGENCY NUMBERS

|           |
|-----------|
| Police    |
| Fire      |
| Ambulance |
| Poison    |

## TWO WEEK APPOINTMENT CALENDAR

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| MON.<br><input type="checkbox"/>  | MON.<br><input type="checkbox"/>  |
| TUES.<br><input type="checkbox"/> | TUES.<br><input type="checkbox"/> |
| WED.<br><input type="checkbox"/>  | WED.<br><input type="checkbox"/>  |
| THUR.<br><input type="checkbox"/> | THUR.<br><input type="checkbox"/> |
| FRI.<br><input type="checkbox"/>  | FRI.<br><input type="checkbox"/>  |
| SAT.<br><input type="checkbox"/>  | SAT.<br><input type="checkbox"/>  |
| SUN.<br><input type="checkbox"/>  | SUN.<br><input type="checkbox"/>  |