

Check All that apply:


Select All Deselect All Print

| | | |
|---|---|---|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Emergency Contact Information | <input type="checkbox"/> Healthcare Provider |
| <input type="checkbox"/> Insurance Provider | <input type="checkbox"/> Legal Document/Medical Directive | <input type="checkbox"/> Medical History |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Allergies/Drug Sensitivities |
| <input type="checkbox"/> Family Member History | <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Health Log |
| <input type="checkbox"/> Current Medications and Dosages | <input type="checkbox"/> Doctor Visits | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Surgeries | <input type="checkbox"/> Lab or Imaging | <input type="checkbox"/> Medical Devices |
| <input type="checkbox"/> Physical/Occupational Therapy an | <input type="checkbox"/> Vision | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> V. Add Photo | <input type="checkbox"/> Documents | <input type="checkbox"/> Finger Prints |

Slide 1

Text Captions: Print features include a Select All and Deselect All button


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| <input checked="" type="checkbox"/> Family Member History | <input checked="" type="checkbox"/> Lifestyle | <input checked="" type="checkbox"/> Health Log |
| <input checked="" type="checkbox"/> Current Medications and Dosages | <input checked="" type="checkbox"/> Doctor Visits | <input checked="" type="checkbox"/> Hospitalizations |
| <input checked="" type="checkbox"/> Surgeries | <input checked="" type="checkbox"/> Lab or Imaging | <input checked="" type="checkbox"/> Medical Devices |
| <input checked="" type="checkbox"/> Physical/Occupational Therapy and | <input checked="" type="checkbox"/> Vision | <input checked="" type="checkbox"/> Dental Health |
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Slide 2

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| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Allergies/Drug Sensitivities |
| <input type="checkbox"/> Family Member History | <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Health Log |
| <input type="checkbox"/> Current Medications and Dosages | <input type="checkbox"/> Doctor Visits | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Surgeries | <input type="checkbox"/> Lab or Imaging | <input type="checkbox"/> Medical Devices |
| <input type="checkbox"/> Physical/Occupational Therapy and Vision | <input type="checkbox"/> Vision | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> V. Add Photo | <input type="checkbox"/> Documents | <input type="checkbox"/> Finger Prints |

Slide 3

Text Captions: Selection of individual forms can also be accomplished

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| <input type="checkbox"/> Physical/Occupational Therapy and Vision | <input type="checkbox"/> Vision | <input type="checkbox"/> Dental Health |
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Slide 4

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| <input type="checkbox"/> Surgeries | <input type="checkbox"/> Lab or Imaging | <input type="checkbox"/> Medical Devices |
| <input type="checkbox"/> Physical/Occupational Therapy and Vision | <input type="checkbox"/> Vision | <input type="checkbox"/> Dental Health |
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Slide 5

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Slide 6

Text Captions: After selecting the forms, click Print to complete the process



Slide 7