

New

PO Box 650041

CARD HOLDER INFORMATION

Cardholder Name and Address fields with checkboxes for gender and marital status.

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City, State, and Zip code fields.

Additional address or contact information fields.

DRUG ALLERGIES

Drug Allergies table with columns for drug name and severity.

HEALTH

Health information table with columns for condition and status.

PATIENT'S NEW PRESCRIPTIONS

Table for Patient's New Prescriptions with columns for Physician/Prescriber's Name & Phone Number and Total Number of Prescriptions.

