

PHOTO

NAME OF PATIENT

Memory Book

Table of Contents

Page _____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

_____ : _____

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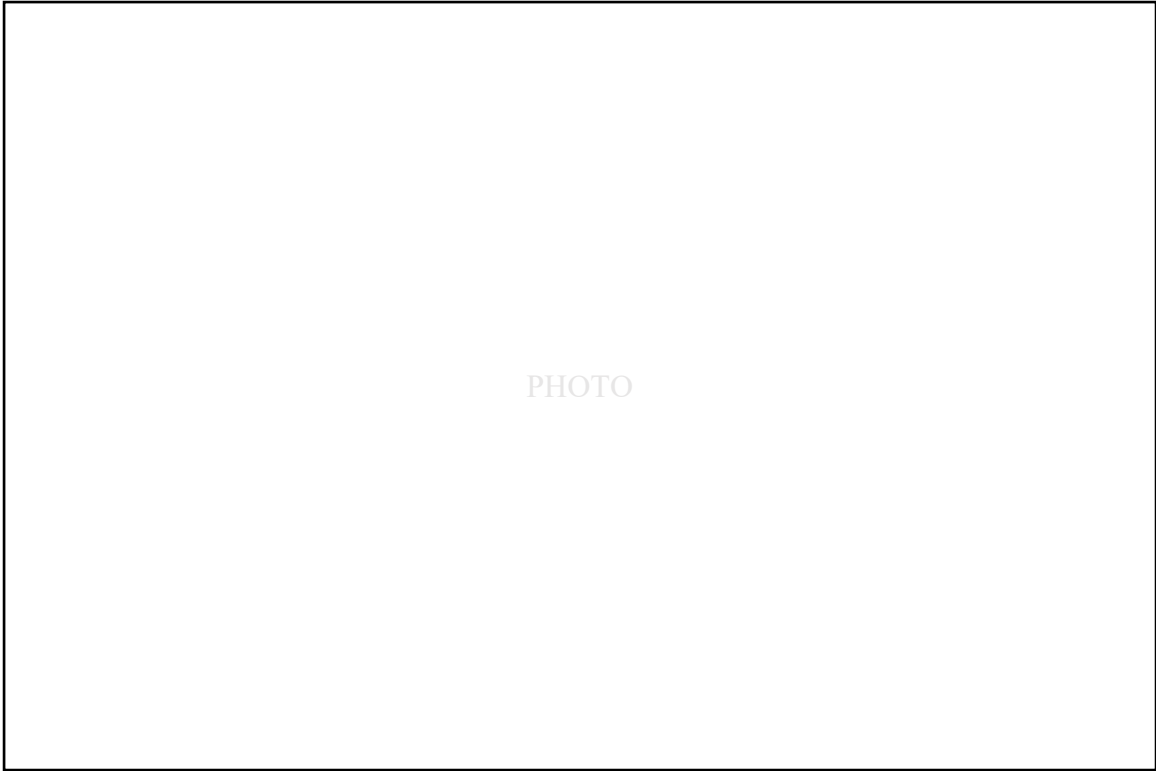
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_____ : _____

_____ : _____

TITLE OF PAGE



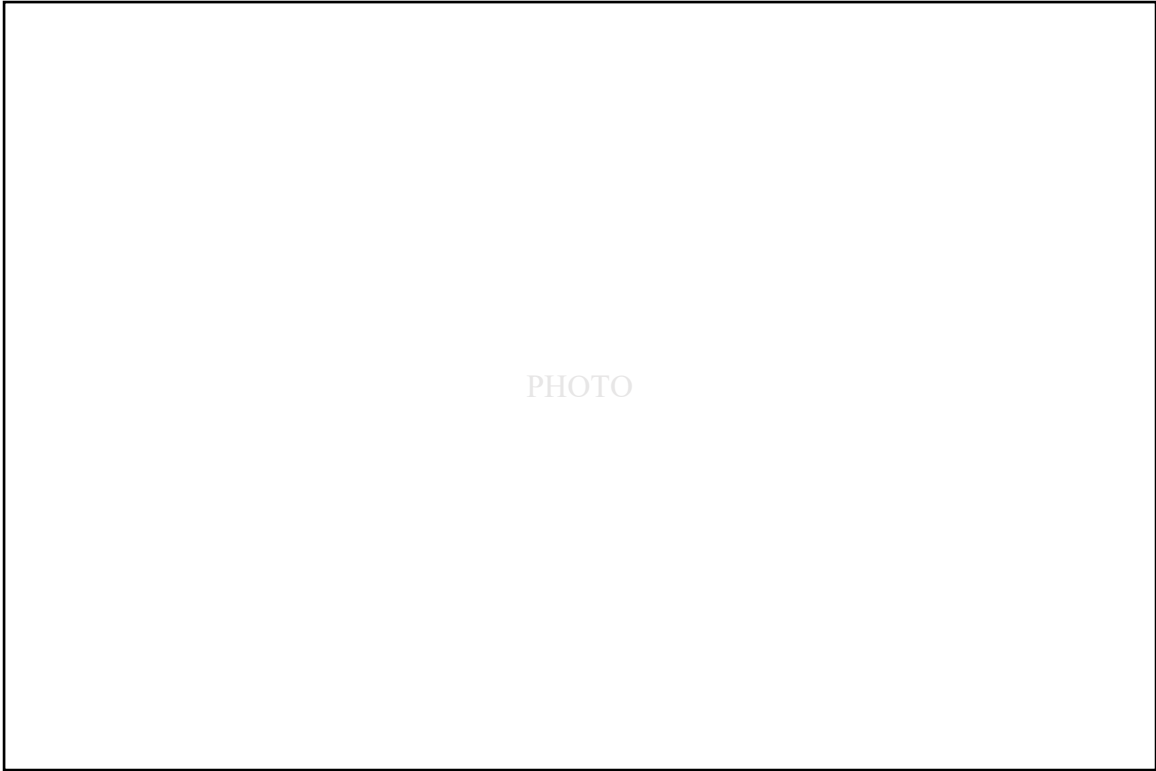
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



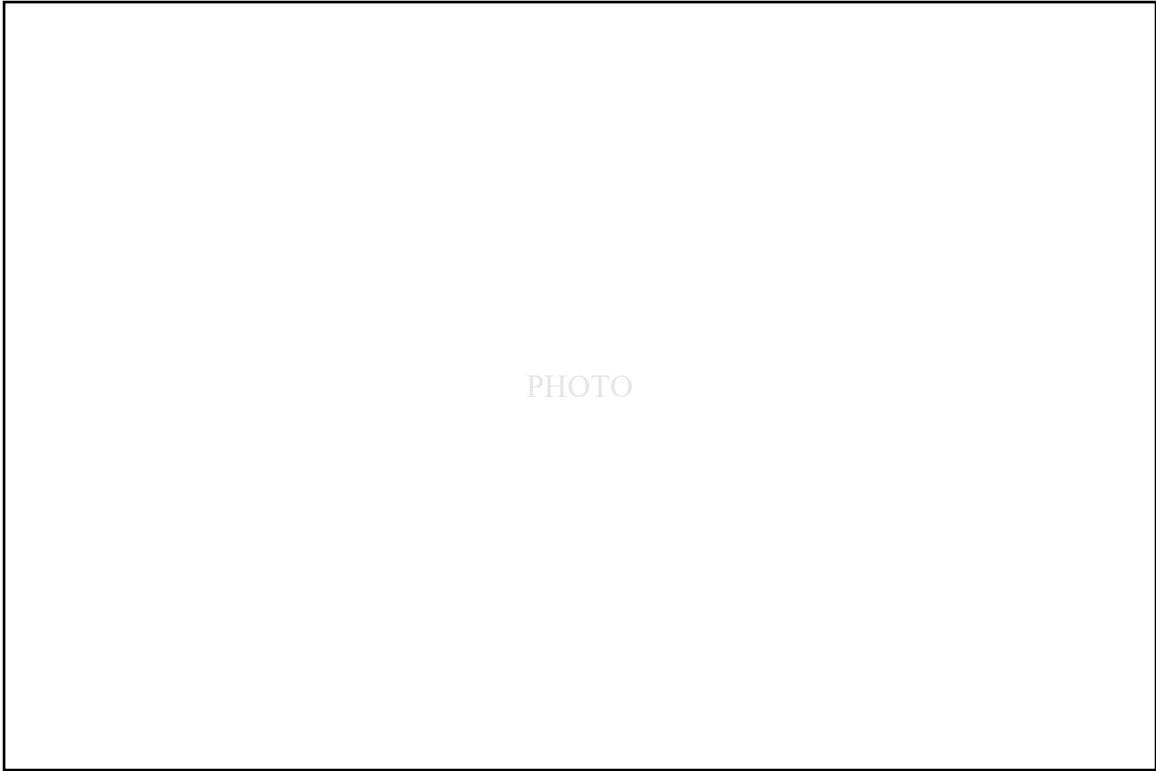
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



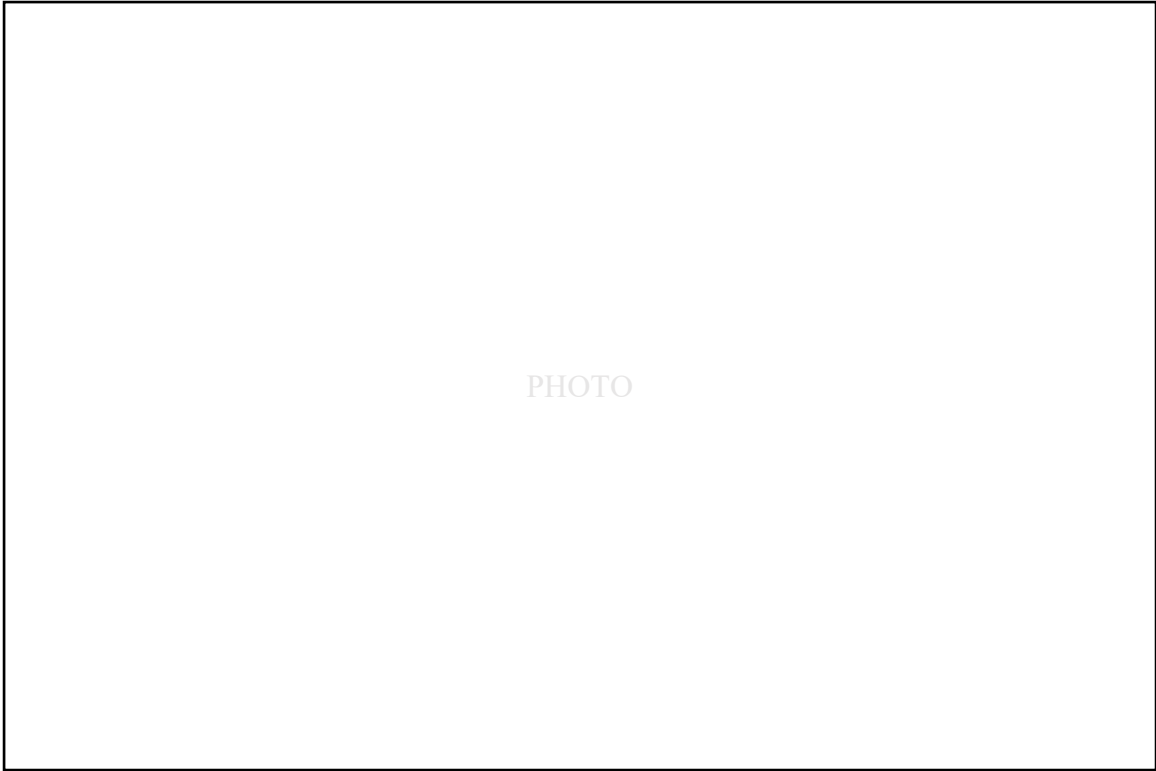
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



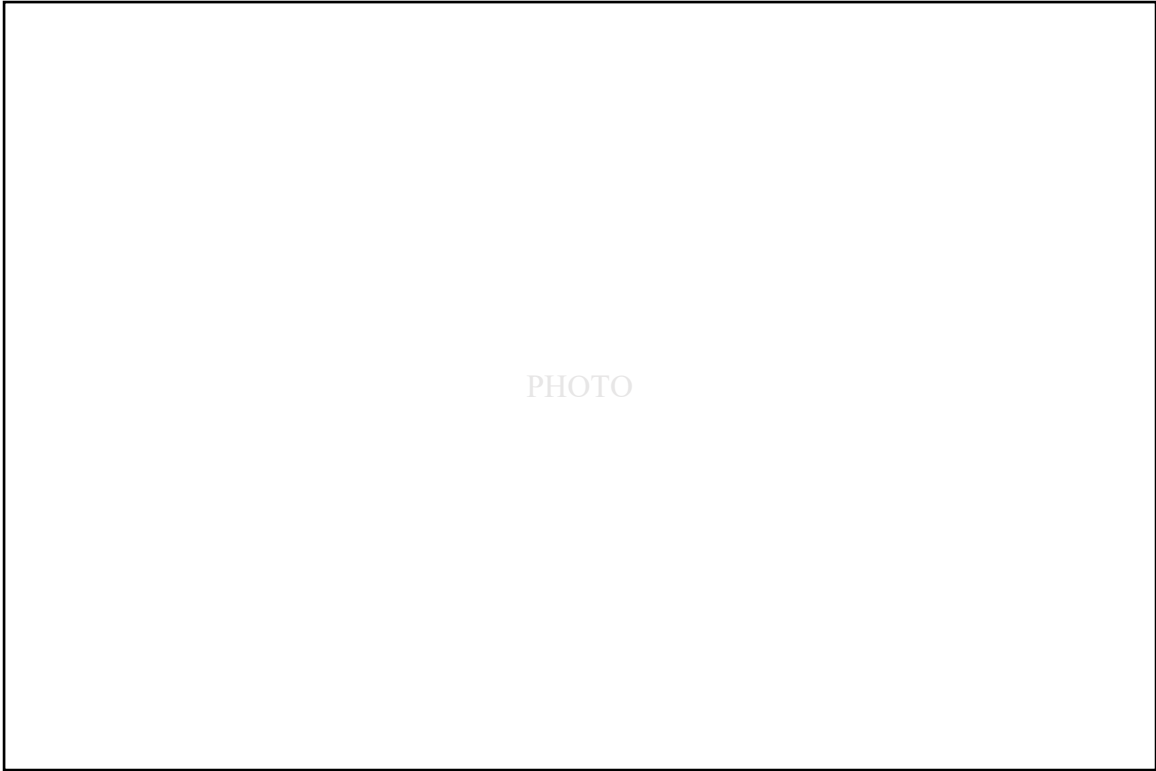
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



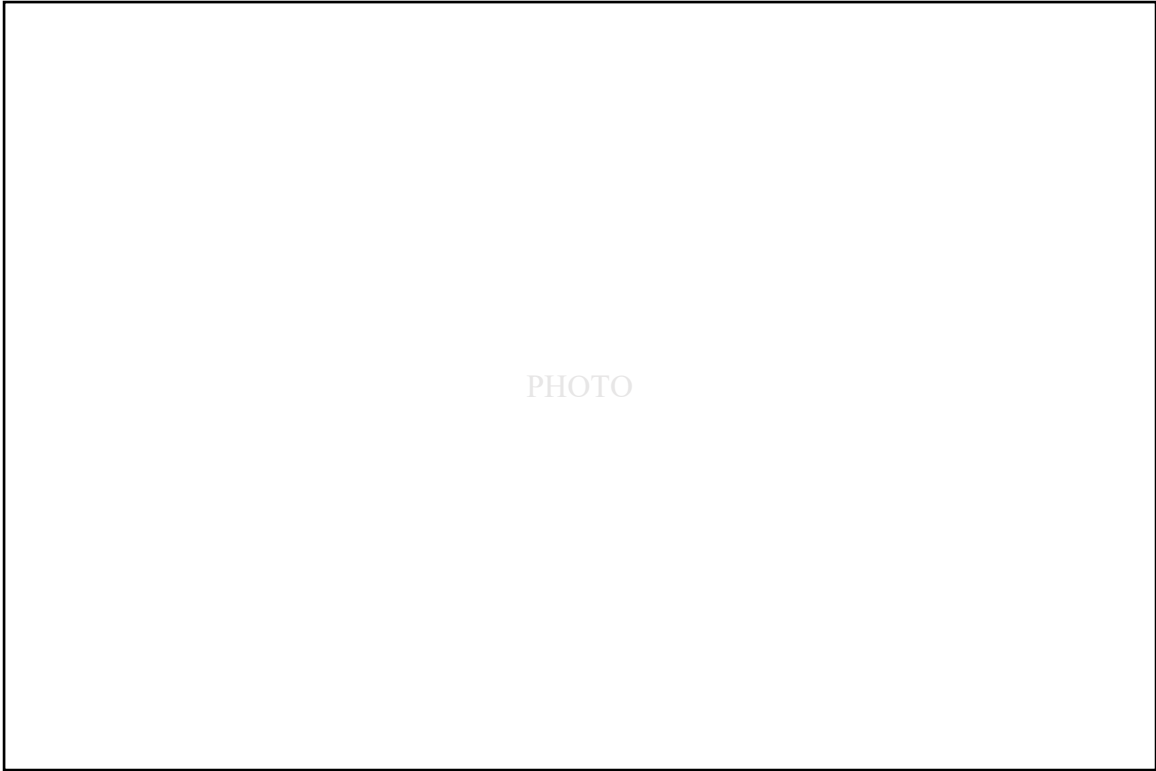
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



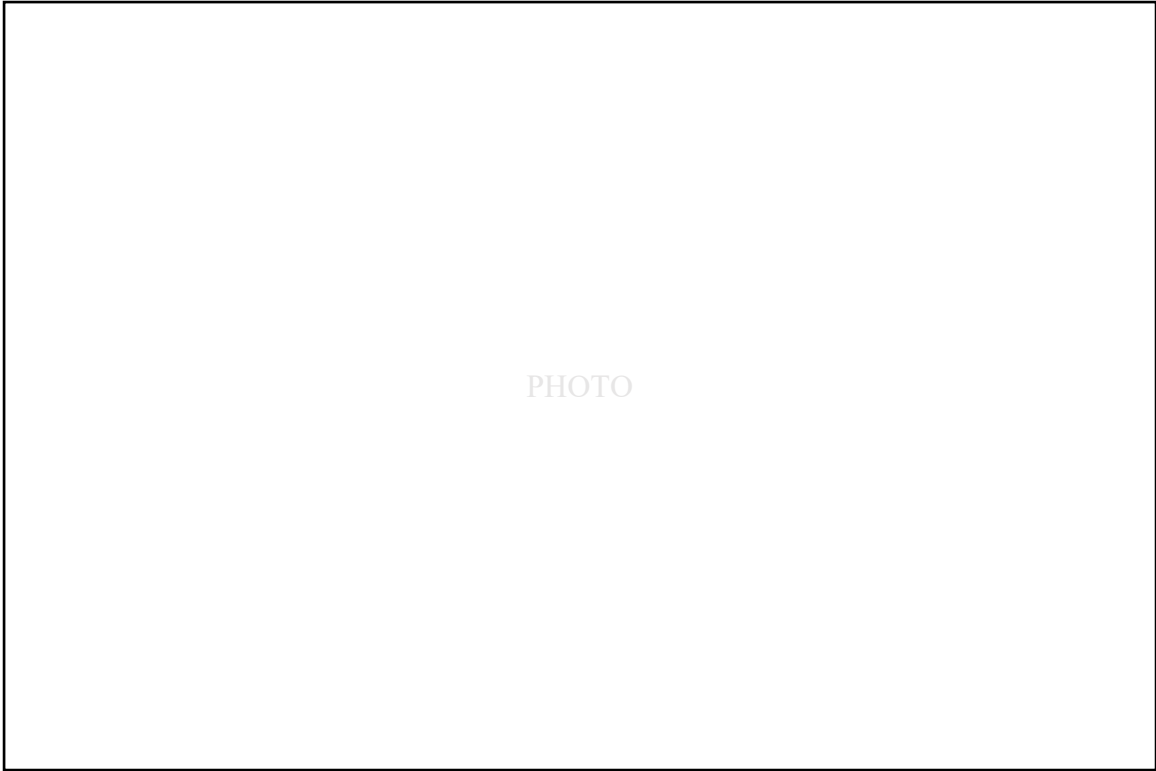
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



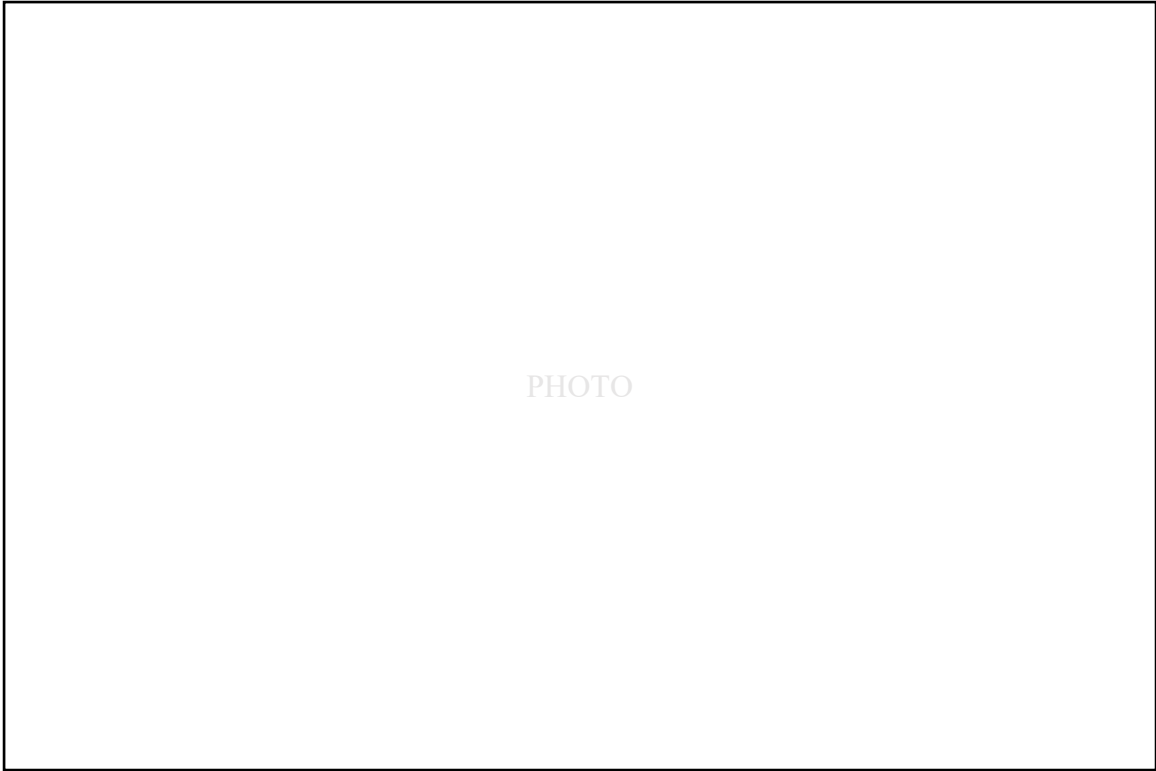
PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

TITLE OF PAGE



PHOTO

PHOTO CAPTION

1-3 SHORT AND SIMPLE SENTENCES

PAGE _____

Schedule

PATIENT'S NAME _____

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PAGE _____

Emergency Medical Information

Name: _____

Birthdate: ____/____/____ Age: _____

Sex: _____ Allergies: _____

Primary Care Physician: _____

Phone number: _____

Emergency Contact: _____

Phone number: _____

Emergency Contact: _____

Phone number: _____

Medical Conditions: _____

Surgical History: _____

PAGE _____

Medications

Updated: _____ / _____ / _____

Medication	Dosage

PAGE _____