

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 and	<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"/> 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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  Print

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<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	<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"/> Family Member History	<input type="checkbox"/> Lifestyle	<input type="checkbox"/> Health Log
<input type="checkbox"/> Current Medications and Dosages	<input checked="" 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	<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 4

Check All that apply: ✔ Select All Deselect All 🖨 Print

<input checked="" 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 checked="" 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 5

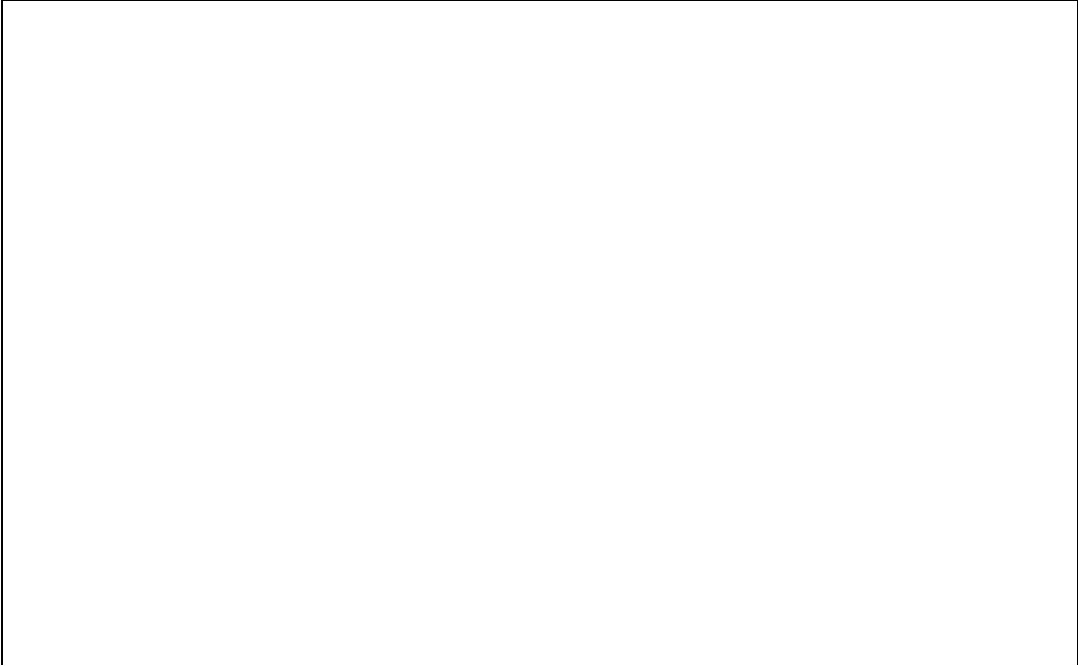
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<input type="checkbox"/> Physical/Occupational Therapy and Vision	<input type="checkbox"/> Vision	<input type="checkbox"/> Dental Health
<input type="checkbox"/> V. Add Photo	<input type="checkbox"/> Documents	<input type="checkbox"/> Finger Prints

Slide 6

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



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