

New

PO Box 650041

CARD HOLDER INFORMATION

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

Cardholder Birth Date and Card Expiration Date fields.

Cardholder Social Security Number and Card Type fields.

Cardholder Primary Care Physician and Patient's Phone Number fields.

Cardholder City and State fields.

Cardholder ZIP Code field.

Cardholder Security Code field.

DRUG ALLERGIES

Drug Allergies table with columns for drug name, severity, and reaction.

HEALTH

Health information table with columns for condition, date, 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.



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