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Vital Info to Collect	A SHOW
☐ Doctor's names and phone numbers	
☐ Primary Insurance numbers – ID #, Group Number	
☐ Secondary Insurance numbers – ID#, Group Number	N
☐ Preferred Pharmacy phone number	وسر
☐ Medication List – Drug name, dose, times per day, condition	
☐ Discussion of end of life wishes	J. 10
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Legal Documents	
$\ \square$ HIPPA release forms for each doctor, hospital, immediate care clinic	
☐ Medical Durable Power of Attorney	P
$\ \square$ Advanced Directives, including DNR if applicable	,
☐ POLST – completed by primary care physician if applicable	
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☐ Vial of Life Form (or equivalent) available for EMS	Colored St. Colored St.
 □ Vial of Life Form (or equivalent) available for EMS □ ER Bag - Medication list □ Bottled water □ Book/e-reader/magazines □ Small pillow 	Colored St. Colored St.
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 □ Vial of Life Form (or equivalent) available for EMS □ ER Bag - Medication list □ Bottled water □ Book/e-reader/magazines □ Small pillow □ Tissues □ Hand sanitizer □ Crackers □ Admission Bag - Toothbrush/paste/denture case/ cleaner 	Pulled To Pulled To Pulled To
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 □ Vial of Life Form (or equivalent) available for EMS □ ER Bag - Medication list □ Bottled water □ Book/e-reader/magazines □ Small pillow □ Tissues □ Hand sanitizer □ Crackers □ Admission Bag - Toothbrush/paste/denture case/ cleaner □ Brush/comb □ Slippers/non-skid socks 	
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