Jane Smith **DEMO**

35 year old female from New York City, NY

Vital Medical Conditions

CONDITION:	NOTES:
Peanut Allergy	Hives
Asthma	I take Albuterol and Advare when needed. Exercise induced.
Pregnant	Due September 23, 2014

Personal Information

NAME: Jane Smith **DEMO**	PHONE: 435-555-5555	BIRTH DATE: 1979-09-23
GENDER: Female	HAIR: Blonde	EYE COLOR: Hazel
HEIGHT: 5'6"	WEIGHT: 130 lbs	BLOOD TYPE: B+

ORGAN DONOR:
Yes

Emergency Contacts

NAME:	RELATIONSHIP:	PHONE NUMBER:	ALT NUMBER:
Ted Smith	Husband	852-699-9662	852-685-5669
Glenda Kliff	Mother	555-234-5671	555-155-6852
Brian Kliff	Father	555-234-5678	555-123-9876
Krista Smith	Sister	855-695-6663	855-785-6339

Allergies

NAME:	NOTES:
Celiac Disease	Severe—I am affected by any trace of gluten.
Peanut Allergy	Hives

Medications

NAME:	NOTES:
Asprin	I take 3 grams daily for Arthritis pain.

Insurance Information

INSURANCE PROVIDER:	ID NUMBER:	GROUP NUMBER:
Obamacare	12345	1111
NAME	**DEDUCTIBLE:**	**PHONE NUMBER:**
–	$500	888-White-House
NOTES:		
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Other Information

None