

Nurse call line	Phone
FAMILY INFORMATION Name DOB Important medical information/allergies/prescriptions	URGENT CARE (\$\$)
Name DOB Important medical information/allergies/prescriptions	Best for non-life-threatening conditions when your primary care provider is unavailable – most often during extended evening and weekend hours. Name Address Phone
Name DOB Important medical information/allergies/prescriptions	
Name DOB Important medical information/allergies/prescriptions	EMERGENCY DEPARTMENT (\$\$\$) Available 24/7 for emergencies like chest pain, trouble breathing, large wounds, or broken bones. Name Address Phone

Address _

Website

If you have a life-threatening condition, call 9-1-1.