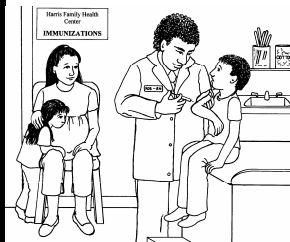


Patient Medical History

1. Date of last medical exam _____
2. Have you ever been hospitalized for surgery or serious illness?
 ___ Yes ___ No
 If yes,
 Date Reason Hospital

3. Are you taking any medications?
 ___ Yes ___ No



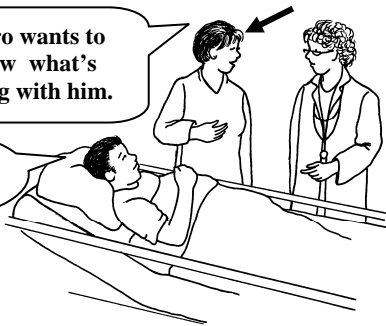
Patient Medical History

1. Date of last medical exam _____
2. Have you ever been hospitalized for surgery or serious illness?
 ___ Yes ___ No
 If yes,
 Date Reason Hospital

3. Are you taking any medications?
 ___ Yes ___ No

Pedro wants to know what's wrong with him.

¿Qué es lo que me pasa?



MEDICARE HEALTH INSURANCE

HEALTH CARE FINANCING ADMINISTRATION

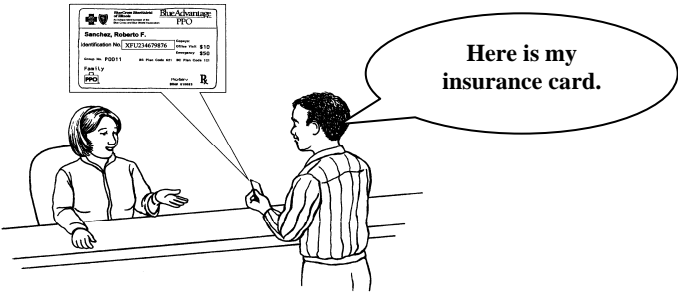
NAME OF BENEFICIARY
ROSE B. SCOTT

MEDICARE CLAIM NUMBER
123-45-6789-Z

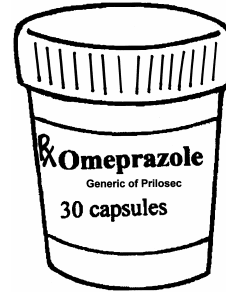
SEX
FEMALE

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 06-01-1994
MEDICAL (PART B) 03-01-2001

SIGN HERE → *Rose B. Scott*



\$9.00



\$35.00

