

2024 Health Record

Name								
		Medical	History					
I	Diagnosis				Medical Provider			
	Cı	urrent & Past	Medica	ntions				
Medication	Dosage	Freque				Purpose		
	Mo	dical Doctors	o S Snor	sialists				
Provider N	Provider Name Add				Phone			
Va	ccinations				Allergies			
Name Data Administered		nistered			7 9.00			

Pharmacy

Pharmacy Name	Address	Phone

Important Contacts

Name/Relationship	Phone

Additional Notes				

Important Numbers

CareSource Member **Services**

1-833-230-2099 7 a.m. - 7 p.m. Eastern Time

Teladoc

www.Teladoc.com 1-800-TELADOC (835-2362) 24 hours a day, 7 days a week

- Talk to a prescriber
- General medicine
- No charge

Care Management

1-844-438-9498

Paying your Invoice

Mailing Address is on your invoice 1-833-230-2099 (TTY: 711) CareSource.com/MPpay

Google Pay





NC-EXC-M-2688822

