

After Care Appointment Information:

<p><u>TRICARE Information:</u></p> <p>Humana Military: (800) 444-5445</p> <p>ValueOptions: (800) 700-8646</p> <p>Claims (PGBA) (800) 403-3950</p>	<p><u>PCM Information:</u></p> <p>PCM's Name: _____</p> <p>Phone Number: _____</p>										
<p><u>Doctor Appointment Information:</u></p> <p>Doctor's Name: _____</p> <p>Appt. Date & Time: _____ / _____</p> <p>Phone Number: (____) _____</p>	<p><u>Doctor Address and Directions:</u></p> <p>Address: _____</p> <p>Directions: _____</p> <p>_____</p>										
<p><u>Therapist/Clinic Appointment Information:</u></p> <p>Therapist's Name: _____</p> <p>Appt. Date & Time: _____ / _____</p> <p>Phone Number: (____) _____</p>	<p><u>Therapist/Clinic Address and Directions:</u></p> <p>Address: _____</p> <p>Directions _____</p> <p>_____</p>										
<p><u>List Your Current Medications:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">6. _____</td> </tr> <tr> <td>2. _____</td> <td>7. _____</td> </tr> <tr> <td>3. _____</td> <td>8. _____</td> </tr> <tr> <td>4. _____</td> <td>9. _____</td> </tr> <tr> <td>5. _____</td> <td>10. _____</td> </tr> </table>		1. _____	6. _____	2. _____	7. _____	3. _____	8. _____	4. _____	9. _____	5. _____	10. _____
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