

MediGold Annual Visits

What to Bring to Your Visit

Name: _____ Birthdate: _____

Please complete the following lists and bring it with you to your visit.

1. The names of all the doctors on your healthcare team including specialists:
(For example: eye doctor, cardiologist, foot doctor, etc.)

Name	Specialty

2. The names and locations of the pharmacies you use:

Name	Location

3. The name of your home health agency: Not Applicable
