
Subject: The Key To Organizing Your Health Records
Posted by [Anonymous](#) on Wed, 24 May 1995 07:00:00 GMT
[View Forum Message](#) <> [Reply to Message](#)

Originally posted by: 1786962.42663942(Your Lifetime Health Planner)

THE KEY TO ORGANIZING YOUR HEALTH RECORDS

"If you care about yourself and your children, you will do everything you can to know your family's medical history. It can save your life, and the lives of those who are dear to you." -- Dr. Aubry Milunsky, Director, Boston University's Center for Human Genetics (Life Magazine, March, 1995).

Your Lifetime Health Planner offers the simplest, most effective way to take charge of your health. Enter important facts about your health history, keep a record of the names of medications and their effects, document each doctor visit and diagnosis. You will have the information you need, and in the event of an emergency, so will your family.

Your Lifetime Health Planner, 198 pages in a compact, loose-leaf binder, contains a variety of sections which include "Doctor Visits," "Medications," "Family Health History," and "Doctors and Specialists." The Planner is a must for the busy executive who needs to stay organized, for seniors who are receiving care and for newborns who need a record of their health care.

Parents Magazine recommended the Planner to its readers (April, 1994) and MCI called it "a useful resource in managing your personal health records." Margie Smotherman, Coordinator, Employee Health and Wellness, Blue Shield/Blue Cross of Iowa, said: "The employees felt that these (Planners) were great tools to not only record their pertinent numbers, but to plan for doctor's visits."

To get your copy, send a check or money order for \$19.95 (plus shipping and handling) to :

Your Lifetime Health Planner
1955 W Grant Rd., # 230
Tucson AZ 85745
USA

Shipping and handling charges: \$4.95 US; \$8 Canada/Mexico; \$14 Europe; \$18 Asia/Pacific Rim.

Include your name, address and telephone number.*

Visa/MasterCard orders, call 520-798-1530.

*Large corporate discounts available for orders of 1,000 copies or more.

Your Lifetime Health Planner
1955 West Grant Road, #230
Tucson, AZ 85747

Enclosed is \$_____ for _____ copies of Your Lifetime Health Planner.

Please ship to:

YOUR NAME _____

YOUR ADDRESS _____
Street

City State Zip or Postal Code Country

YOUR TELEPHONE NUMBER _____