

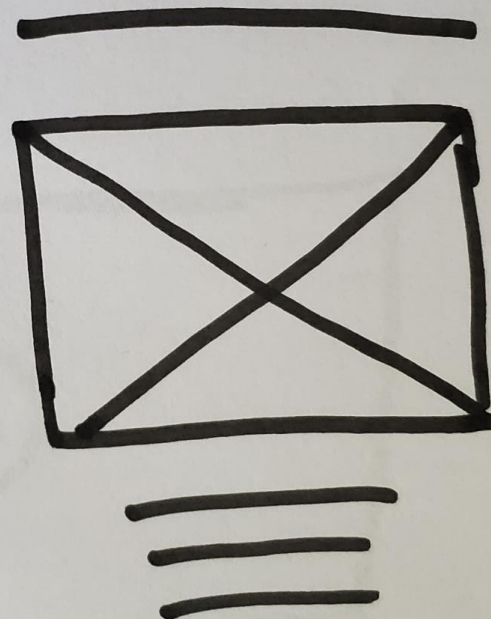
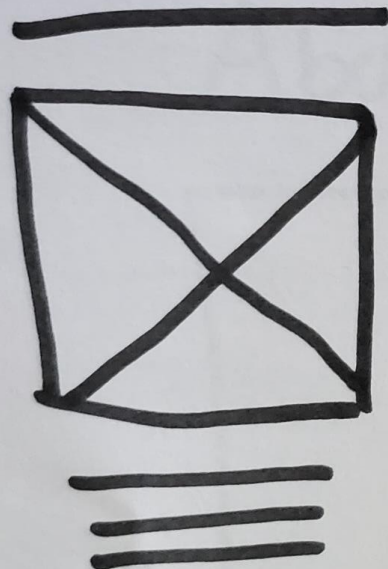
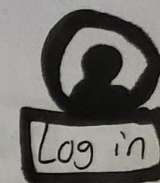
# MyNextLV

About

Medical Information

Resources

Reminders



Contact info

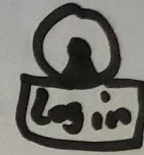
MyNextLW

About

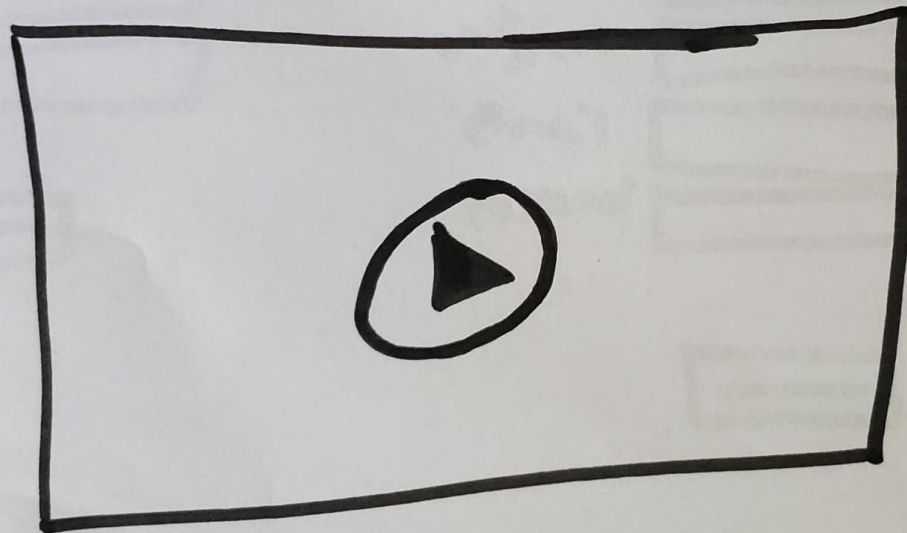
Medical info

Resources

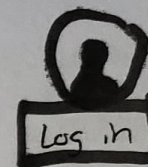
Reminders



## About us



Contact



## Log In

Email

Password



## Create an account

1st Name

Last Name

Email

Password






MyMedical

About

Medical Info

Resources

Reminders

  
Log out

# Hippa Agreement

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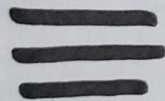
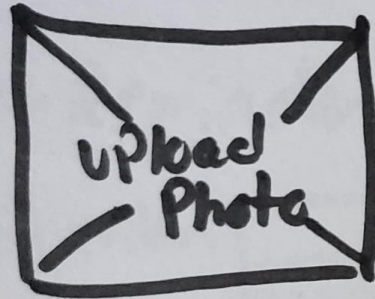
☒☐

Age:

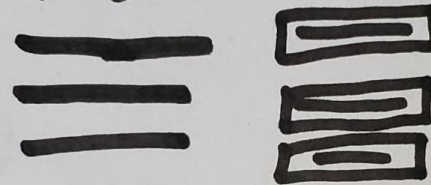
Contact us



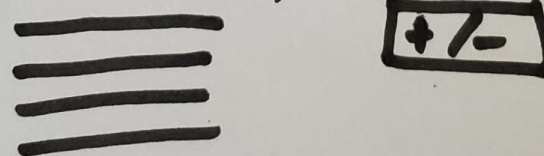
# Profile



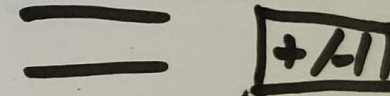
## Medical Info



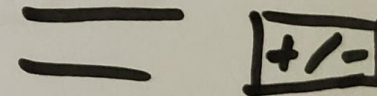
## Emergency Contact



## Primary Dr



## Specialist



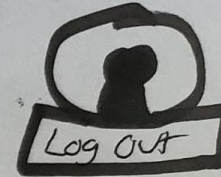
myNBHWA

About

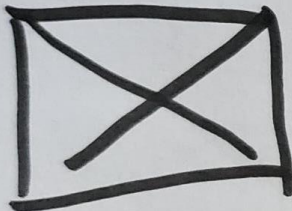
Medical info

Resources

Reminders



Hello, <sup>name!</sup> \_\_\_\_\_!



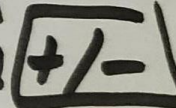
Name \_\_\_\_\_

E-mail \_\_\_\_\_

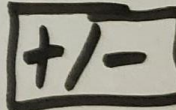
Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

medical condition



medications



Allergies



Contact us



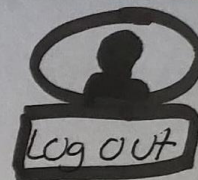
MyNextLvl

About

Medical info

Resources

Reminders



## Medical Insurance Information

Insurance Provider:  
  
Policy Number:  
  
Group number:

Upload image of card

Upload Front

Upload Back

☐

Submit

Contact us

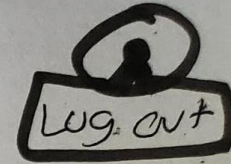
myNextHw

About

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Reminder



# Medication Reminder

## Set Reminder

Medication	<input type="text"/>
Date	<input type="text"/>
Time	<input type="text"/>

## Upcoming Reminders

<input type="text"/>
<input type="text"/>
<input type="text"/>



myNextLvl

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Reminders



## Doctor Appointment Reminders

### Set Reminders

Date:

Time:

Doctor

Submit

### Upcoming Reminders

Doctor ~

Date ---

Time ...

edit

Contact us

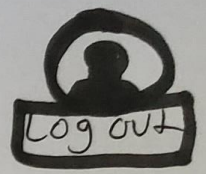
MyNextCVI

About

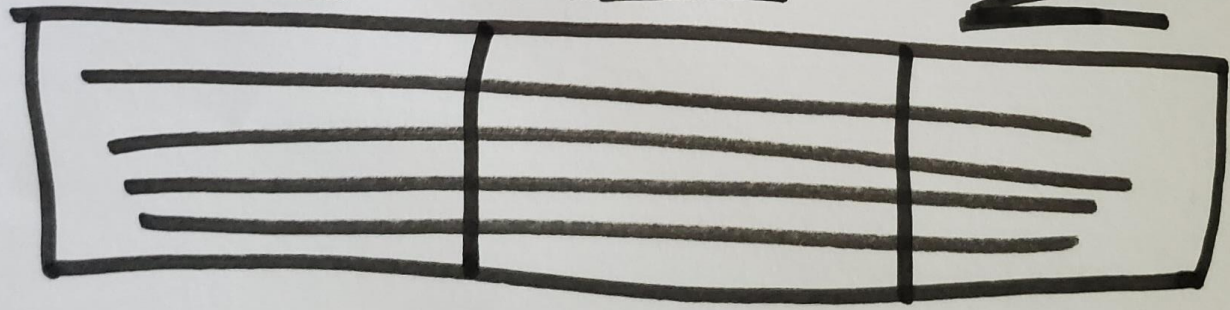
Medical info

Resources

Reminders



# Asthma



Contact us



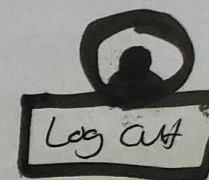
MyNet+LW

About

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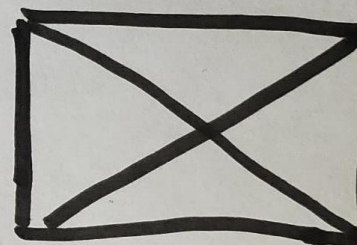
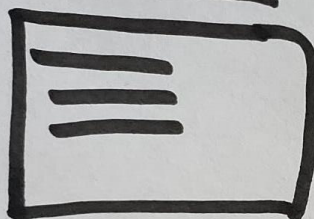


# Diabetes

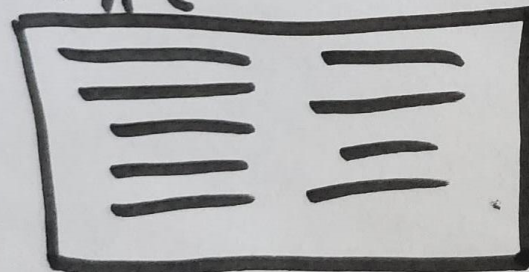
General Info



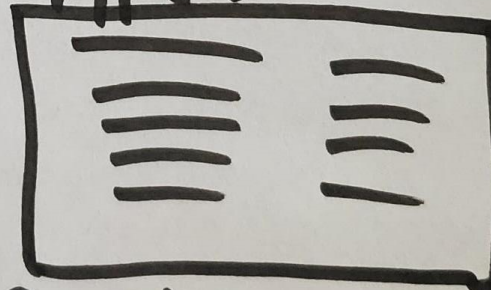
Symptoms



TYPE 1



TYPE 2

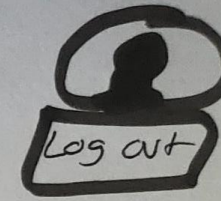


Managing Condition



Contact us





# Local Resources

General Groups

diabetes

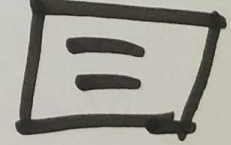
Cystic Fibrosis

Cancer

Asthma

Autism

Vision



My NextLvl

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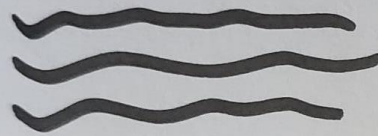
Resources

Reminders



Log out

# Contact us



Name:

E-mail:

Phone number:

message:

Contact us