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US Artillery Reserve Medical Card		
Unit:	In Case of Emergency	
Name	Name	
Address	Relationship	
City, State, ZIP	Phone #	_
Ph# DoB	Phone #	BACK
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US Artillery Reserve Medical Card	<u> </u>	
Unit:	In Case of Emergency	
Name	Name	
Address	Relationship	
City, State, ZIP	Phone #	
Ph# DoB	Phone #	ACK
Allergies & Sensitivities	Medications	BA BA
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CRILLERY RESERVE		

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