

**Student Document Checklist 2012**  
**IDS 360/460**

Students: you are to make three (3) copies of each of the documents listed below. You received a handout in class on April 5 that shows you how to efficiently arrange the documents on the copier.

1. Your passport's main page and the last page
  
2. Your health insurance card, front and back
  
3. Your driver's license or state ID if you have one, front and back
  
4. Your MSJ ID card, front and back, for museum discounts
  
5. If you will bring a credit card, the front and back of the card, and the international number to call if you lose it (you can't use an 800 number in Japan).
  
6. A copy of the name, dosage and how you should take your prescription drugs. You can copy a package from the drug or information from your pharmacy.

These 3 copies are due in class on April 19, 2012. You will keep one for yourself.

Not required, but suggested:  
Make copies of your travelers checks



<b>CLASS</b> Anyone holding a Class D license is authorized to operate an operator vehicle.		
<b>RESTRICTIONS</b>		
<b>B</b> Corrective Lenses		<b>ENDORSEMENTS</b>



This card is property of the issuer.  
If found, please call 513-244-4226.

**Your long distance dialing instructions:**

1. Dial 1-866-30-MOUNT (66868), wait for the tone. *Broadwing*
  2. Dial your Broadwing PIN number, then 1 + the area code and number you are calling, or 011 + the country code + city (area) code and the number you are calling.
- Questions? Call Customer Service at 1-877-812-5029.



**IMPORTANT:** Your use of this card is your agreement to be bound by the terms of the Cardholder Agreement delivered to you and the rules of the issuer.



This card must be presented upon request. Not transferable.

[www.msjeu](http://www.msjeu)

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50373 9/10 cpl-hn

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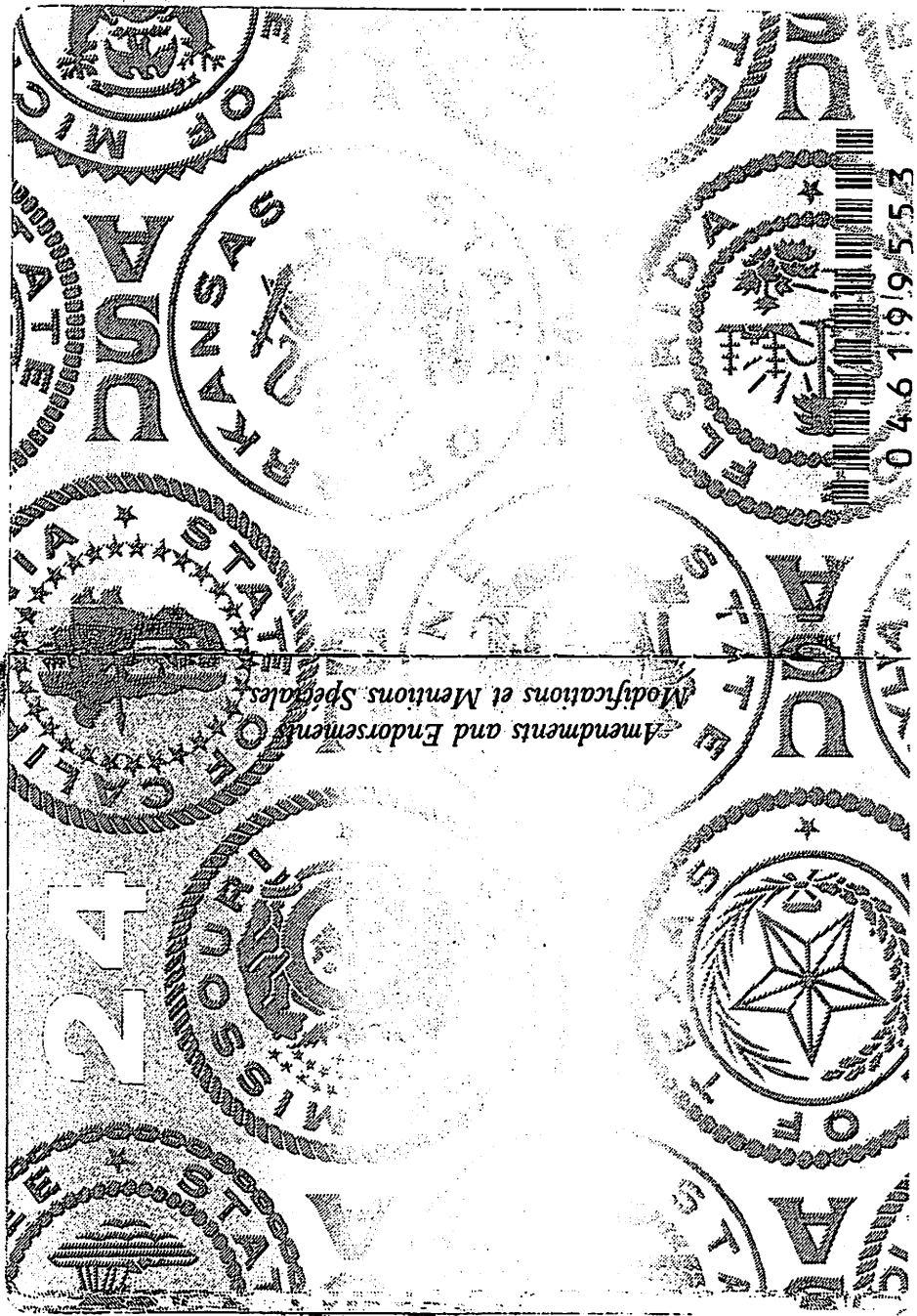
AUTHORIZED SIGNATURE - NOT VALID UNLESS SIGNED

*H. Rindlerberg*  
*See 10*

970

This card is the property of the issuing financial institution. Use or signing of this card signifies agreement to the current conditions set forth by the financial institution. Cardholder agrees to surrender the card to the financial institution upon demand.

**IMPORTANT:** Read the terms and conditions delivered to you, or with this card, which constitute a binding contract governing use of this card. This card is also subject to all other agreements as to its use. The card is the property of the credit union. All privileges may be withdrawn without notice. It may be canceled or repossessed any time and must be returned to the credit union upon demand.



**Members**

Customer Service: 877/520-6727

Visit My Health Plan at [MedMutual.com](http://MedMutual.com).

Outside the SuperMed service area, members must obtain prior approval for inpatient admissions.  
Medicare members are not subject to this notification.

**Network Information**

To locate a SuperMed network doctor or hospital, visit [MedMutual.com](http://MedMutual.com) or call: 800/232-7400.

When seeking service outside the SuperMed Service area:

Pennsylvania:

Devon  
888/225-8932

For all other states:

First Health Network  
800/889-0277

To order a network doctor or hospital directory, call 888/241-2583.

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# YOUR PERSONAL PRESCRIPTION INFORMATION

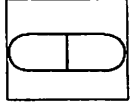
Your Walgreens Pharmacy Location  
 1 Corry Street  
 Cincinnati, OH 45219  
 (513)751-3444

**PATIENT** HELEN RINDSBERG  
**BIRTH DATE** 06/11/49  
**MEDICATION** CLINDAMYCIN 150MG CAPSULES  
**QUANTITY** 8  
**DIRECTIONS** TAKE 4 CAPSULES BY MOUTH 1 HOUR BEFORE APPOINTMENT THEN AS DIRECTED

**DOCTOR** S. ROTHAN, DDS

**DRUG DESCRIPTION**

**PATIENT ALLERGIES** PENICILLINS



BLUE AND GREEN

FRONT: RX 692/rx692

**INGREDIENT NAME:** CLINDAMYCIN  
 (klin-da-MYE-sin)

**COMMON USES:** This medicine is a lincomycin antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** WARNING: This medicine should be used only for serious infections because infrequently there are severe, rarely fatal, intestinal problems (pseudomembranous colitis) that can occur. Consult your doctor or pharmacist for more details. Notify your doctor immediately if you develop persistent diarrhea, abdominal or stomach pain, or blood/mucous in your stool. Your doctor will decide if you require other treatment. These symptoms may occur weeks after stopping use of this drug. Do not use anti-diarrhea products or narcotic pain medicines if you have these symptoms. These products may make the symptoms worse. Your doctor will monitor you closely while you are using this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions including colon conditions, severe diarrhea with mucus or blood, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. TAKE THIS MEDICINE WITH A FULL GLASS (8 oz./240 ml) OF WATER. This medicine may be taken on an empty stomach or with food. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. CONTINUE TO TAKE THIS MEDICINE even if you feel well. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is

antibiotics including this medicine. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy. **THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include mild diarrhea; nausea; or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience bloody or tarry stools; decreased urination; joint pain or swelling; red, swollen, blistered, or peeling skin; severe or persistent diarrhea; severe stomach cramps or pain; unusual vaginal discharge, itching, or odor; or yellowing of the skin or eyes. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; or swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

For medical advice about side effects, call 1-800-FDA-1088.

Do not use medications or pour down a sink or drain.

**HELEN RINDSBERG**

2324 Muriel Ct., Cincinnati, OH 45219  
 (513)381-0234

RX # 3226871-00

DATE: 10/26/11

CLINDAMYCIN 150MG CAPSULES  
 QTY: 8 1 REFILL BEFORE 01/03/12  
 Refill NDC: 63304-0692-01  
 Retail Price: \$12.41 Your Insurance Saved You: \$ 6.14

\$ 6.27

S. ROTHAN, DDS  
 MFG: RANBAXY  
 XXX/GRG/GRG/GRG/GRG

PLAN: PERX  
 GROUP# A8NA  
 CLAIM REF# 08325741

**Walgreens**

1 CORRY STREET CINCINNATI, OH 45219  
 PH: (513)751-3444

Customer Receipt

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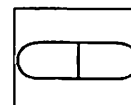
Duplicate Receipt

Pharmacy use only

THU 10:00AM  
 Refill

CLINDAMYCIN 150MG CAPSULES  
 63304-0692-01  
 CELL 506

QTY 8  
 20 DRAM



BLUE AND GREEN

FRONT: RX 692/rx692

XXX/GRG/GRG/GRG/GRG