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| <p>Questions 8am - 6pm: 000-555-0000</p> <p>Questions 6pm – 8am: 000-555-0000</p> <p>Weekends 24/7: 000-555-0000</p> | <p>Call immediately for:</p> <ul style="list-style-type: none">• Pain not controlled by medication• Fever of ____• Uncontrolled vomiting or nausea for ____ hours• Breathing difficulty that limits your ability to be comfortable• Constipation or diarrhea for ____ days• Being so tired, cannot do what you could the previous day• Swelling in hands or feet that limit you from taking care of yourself• Painful skin reaction• Tingling in hands or feet that limits you from taking care of yourself <p></p> |
| <p>Doctor's Name/Specialty:</p> <hr/> | |
| <p>Cancer Type/Stage/Current Treatment:</p> <p> / /</p> <hr/> | |