Medical Emergency Refrigerator Card

Name _____

Address _____

Emergency Contacts: 1. Name: _____ Phone _____

2. Name: _____ Phone _____

Date of Birth _____ Age _____ Hospital Preference _____

Primary Care Physician _____ Phone _____

Other Physician _____ Specialty _____ Phone _____

Typical Blood Pressure _____/_____ Blood Type _____ Health Ins _____

Medications	Dosage	Frequency

-Please Post on Refrigerator-

(See reverse side)