

# 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 \_\_\_\_\_

<b>Medications</b>	<b>Dosage</b>	<b>Frequency</b>

**-Please Post on Refrigerator-**  
(See reverse side)

