



# Carry this **card** with you.

It Just Might Save Your **Life!**

## Important **medical information** for you.

### Why is this information needed?

- The more you know about your medications, the more you will be in control of your health.
- The more information you can give to your healthcare providers, the safer you will be.
- And, in the case of an emergency, this information will be available to those taking care of you.
- Your family and healthcare providers can only work with the information they are given.

### What do **You** need to do?

- Complete all the information on the card to the right, front and back.
- Detach the card along the perforated lines.
- Keep this information UP-TO-DATE. Anytime your medications change, update your card.
- Carry your medication card with you. Place it with other identification cards, such as license, insurance card, etc.
- Show this information to your family (spouse, children, etc.).
- Show this card to your healthcare providers at each visit.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor (1): \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor (2): \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy (1): \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy (2): \_\_\_\_\_

Phone: \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Allergies (drugs / food / other)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current Medications as of (date): \_\_\_\_\_

(Include: prescriptions / over-the-counter / vitamins / supplements / herbals)

Name: \_\_\_\_\_ Dosage (how much): \_\_\_\_\_ How Often: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_