

**Medications** I am taking:

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**Vitamins, Herbals & Supplements** I take:

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**Allergies** (include medications):

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**Surgeries** I have had:

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## CONTACT INFORMATION

**My Name:**

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**Date of Birth:**

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**Phone #:**

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**Medical Problems:**

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**My Doctor's Name:**

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**Phone #:**

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**Emergency Contact:**

**Name:**

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**Phone #:**

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# EMERGENCY MEDICAL INFORMATION

Keep this card in your wallet.



Channel 110

