MEDICAL INFORMATION

Keep on the refrigerator, where responders look first · Free from BuyItAt50.com

FULL NAME _____

DATE OF BIRTH _____

MEDICATIONS — PRESCRIPTION, OVER-THE-COUNTER, AND SUPPLEMENTS (NAME / DOSE / HOW OFTEN)

_____

_____

_____

_____

_____

_____

Include daily aspirin, vitamins, and fish oil — responders need the whole picture, not just the prescriptions.

ALLERGIES — DRUGS AND FOOD (WRITE BIG)

_____

_____

MEDICAL CONDITIONS & IMPLANTED DEVICES (DIABETES, AFIB, COPD, PACEMAKER, HEARING AIDS...)

_____

_____

_____

DOCTOR — NAME & PHONE _____

PHARMACY — NAME & PHONE _____

EMERGENCY CONTACT 1 — NAME / RELATION / PHONE _____

EMERGENCY CONTACT 2 — NAME / RELATION / PHONE _____

INSURANCE / MEDICARE PLAN NAME ONLY _____

ADVANCE DIRECTIVES — WHERE THEY ARE KEPT _____

NEVER write your Social Security number or any account number on this sheet.

The plan name is enough. A lost sheet should cost you a re-print — not your identity.

Date filled out: _____ Re-check at every 90-day refill. · BuyItAt50.com/medical-information-card · Not medical advice.

Wallet Cards — cut along the dotted lines, fold, keep behind the driver's license

Two cards: one for you, one for your spouse. One per person, not one per household.

MEDICAL INFO CARD

NAME / DOB

MEDICATIONS + OTC + SUPPLEMENTS

ALLERGIES

CONDITIONS / DEVICES

DOCTOR / PHONE

EMERGENCY CONTACTS

PLAN NAME (NO SSN — EVER)

MEDICAL INFO CARD

NAME / DOB

MEDICATIONS + OTC + SUPPLEMENTS

ALLERGIES

CONDITIONS / DEVICES

DOCTOR / PHONE

EMERGENCY CONTACTS

PLAN NAME (NO SSN — EVER)