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|  | <p><i>Serving the needs of the community through prescription assistance</i></p> <p>571 Dauphin Street Mobile, AL 36602 251.432.4111</p> <p>A 501(3)(c) non-profit organization</p> |  |
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EMERGENCY MEDICAL INFORMATION CARD

Print this card and carry a copy in your purse or wallet. You should also give a copy to your primary caregiver, relative or friend. If you need additional assistance, please contact us.

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| <p align="center">Emergency Medical Information (Courtesy Ozanam Charitable Pharmacy: 251-432-4111)</p> <p>Name _____ Address _____ City _____ State _____ Zip _____</p> <p align="center">Notify in Emergency</p> <p>Name _____ Phone ()- _____ Name _____ Phone()- _____ Physician: _____ Physician Phone: _____ Other contact info _____</p> | <p>Medical Conditions: _____ Current Meds (Name, Pharmacy, Rx Numbers) _____ _____ _____ _____ _____ _____ Known allergies: _____ Blood Type: _____ Organ Donor: Y N Living Will: Y N DNR: Y N Signature _____ Date completed: ___/___/___</p> |
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