MEDICATION	DOSE	FREQUENCY

In Case of Emergency

For _____

Call: _____

Phone: _____

Alt. Phone: _____

Relationship: _____

Name:_____

Address: _____

City: _____ State: _____

Doctor: _____

Dr's Phone: _____

Allergies: _____

_____

Med. Conditions: _____

_____

Emergency Instructions:_____

_____

_____

_____

_____

Implants: _____

_____

_____

Medications listed on back page ►►►

▲ Fold this format into a booklet ▲

▼ Fold this format in half and laminate for durability ▼

I. C. E. for _____

Call: _____

Phone: _____

Alt. Phone: _____

Relationship: _____

Doctor: _____

Dr's Phone: _____

Allergies: _____

Med. Conditions: _____

_____

Name:_____

Address: _____

City: _____ State: _____

Emergency Instructions: _____

_____

_____

_____

_____

_____

In Case of Emergency Cards
Compliments of

SoTellMe... Personal Health Organizer

TELL YOUR MEDICAL HISTORY

- Choose the format of card that works best for you.
- For easier updating, fill out the form in pencil and photocopy before cutting out and folding the form. Then erase, update and re-copy as needed.

To purchase a SO TELL ME... personal health organizer, call or visit our website:

708-352-2771

www.sotellme.com