



EMERGENCY MEDICAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Date of Birth: _____ Blood Type: _____

Emergency Contact: _____

Contact Phone: _____

Primary Care Doctor: _____

Doctor's Phone: _____

I have a:

- Pacemaker
- Defibrillator
- Pacemaker/Defibrillator
- Combination Unit
- I have a living will/DRN order.
It is located _____
- I am an organ donor.



911

Non-emergency fire, call
918 596-9977
Non-emergency police, call
918-596-9222.

Hospital/Insurance Information

Preferred Hospital: _____

Health Insurance Company: _____

Policy/ID/Claim#: _____

Group #: _____

Allergies: _____

Health problems/medical conditions: _____

Medication List

	Medication	Dosage	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			



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Non-emergency police, call
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EMERGENCY MEDICAL INFORMATION

Your Name: _____

Preferred Hospital: _____

Primary Doctor: _____ Doctors Phone: _____

Place this document on the side of your refrigerator. Emergency responders are trained to look there for this type of information sheet.