

Primary Doctor: _____

Phone: _____

Other Doctors: _____

Pharmacy: _____

Phone: _____

Medic Alert: (list medical conditions such as diabetes, epilepsy, heart problems, etc.)

Fold this card and put in your wallet to carry with you at all times.

- **Always take this card with you to your doctor appointments and when you go to the hospital.**
- Always show the list to another doctor you see before medicine is prescribed for you. Ask your health care providers (doctor, nurse, or pharmacist) to help you keep it up to date.

Last Tetanus vaccination: _____

Last Pneumonia vaccination: _____

Medical Information

Name: _____

Address: _____

Phone: _____

In case of emergency, call: _____



706-754-2161

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