MEDICAL INFORMATION

Name **Date of birth**

Address

Emergency contact name/phone

Physician name/phone

Pharmacy/phone

List all medications, including herbal supplements and vitamins:

Medication/ Supplement	Dosage	Frequency

DANA-FARBER/BRIGHAM AND WOMEN'S CANCERCENTER

DANA-FARBER/PARTNERS CANCERCARE

MASSACHUSETTS GENERAL HOSPITAL · DANA-FARBER CANCER INSTITUTE · BRIGHAM AND WOMEN'S HOSPITAL

Allergies and medication reactions

Other important health information

Other physicians and specialists

Bring this card to medical appointments and to the hospital. Keep copies where others can find them in case of emergency – in your purse or wallet, and in the glove compartment of your car.

Revised July 2005