

EMERGENCY MEDICAL INFORMATION

for

JOHN Q. DOE

eMedicCard Member ID: 15113-01

PLEASE DELIVER TO THE PHYSICIAN TREATING THE PATIENT LISTED ABOVE IMMEDIATELY!

IMPORTANT: This document contains confidential emergency medical information for the eMedic Card member listed above. It is solely intended for use by healthcare professionals providing emergency medical treatment to the listed member. Any other use of the information in this document is strictly prohibited. If you have experienced difficulty receiving this document or have received this document in error, please contact our Emergency Call Center at 1-888-861-0684 immediately.

NOTE TO PHYSICIAN: The information provided herein is not intended to be the complete and comprehensive medical records for the patient named. It is intended to be a concise medical profile to aid you in caring for this patient. The patient or his representative has provided the information. Emergency Alert, LLC makes no representation as to the accuracy of the information contained herein.

The patient or his representative last updated this information on: 11/28/2006.

SAMPLE

Personal Information:

Name: John Q. Doe
Nickname: Jack
Date of Birth: 12/31/1969
Blood Type: A Rh+
Gender: Male
Height: 5' 10"
Weight: 176 lbs.
Eye Color: Brown
Hair Color: Brown
Race: White
Identifying Marks: Birthmark on left shoulder. Heart tattoo on right bicep.
General Comments: Afraid of needles

SAMPLE PROFILE

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Medical Information:Medical Conditions and or Diseases:

- Dementia
- Depression
- Heart Disease:
 - Abnormal Heart Rhythm / Arrhythmia:
 - Atrial Fibrillation
 - Congestive Heart Failure
- Hypertension
- Parkinson's
- Other: Insomnia

Allergies:

- Adhesive Tape

Reaction:

- Rash

- Pet Dander

Reaction:

- Difficulty Breathing
- Itching
- Other: Sneezing and Watery Eyes

Drug Sensitivities:

- PENICILLIN

Reaction:

- Hives

Medications:

- KLOR-CON - 10 MEQ
- LASIX - 40 MG Every Other Day
- REMERON - 30 MG
- COUMADIN - 5 MG once a day
- DIGITEK - 0.125 MG every other day
- AMBIEN - 10 mg 1x day

Medical Devices:

- Heart Valve(s)

Additional information about device:

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Medical Information (cont.):Medical Devices (cont.):

Manufacturer or Supplier: Namonics, Inc.
Contact Phone Number: 800-555-1234
Type: Mosaic Porcine
Model Number: 3000-A
Serial Number: 1236YT
Location: Tricuspid
Date of Implantation or First Use: 04/30/2001
MRI implications: Safe to 1.5 Tesla

Recent Surgeries:

Surgery: Exploratory of Right Knee
Doctor: Jones
Hospital: Presbyterian Orthopedic
City: Charlotte
State: NC
Date: 04/05/2005

Surgery: Arthroscopy on Right Knee
Doctor: Dr. Miller
Hospital: Memorial
City: Tampa
State: FL
Date: 06/12/2003

Surgery: Heart Valve Replacement
Doctor: Jose Vasquez
Hospital: St. Joseph's
City: Tampa
State: FL
Date: 04/30/2001

Recent Hospitalizations:

Hospital: Memorial
City: Tampa
State: FL

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Medical Information (cont.):Recent Hospitalizations (cont.):

Reason for Hospitalization: Difficulty Breathing, Anemia
Admit date: 01/27/2005
Discharge Date: 02/02/2005

Health Services:

Service: Home Health Care
Location Name: Home Angles Home Health
City: Richmond
State: VA
Begin date: 09/25/1999
End date: 11/02/1999

Service: Assisted Living Care
Location Name: Sweet Gardens
City: Charlotte
State: NC
Begin date: 03/15/2003
End date: 06/14/2004

Personal Health Issues:

- Do you wish to be an Organ Donor?: Yes
- Do you have a Living Will?: Yes
 - Location: Safe Deposit Box, Bank of America, 2300 Park Road, Tampa, FL
- Do you have a Durable Power of Attorney for Health Care?: Yes
 - Location: Safe Deposit Box, Bank of America, 2300 Park Road, Tampa, FL
 - Name of Person with Power of Attorney: Jane P. Doe
- Do you have a "Do Not Resuscitate" (DNR) Declaration?: Yes
 - Location: Part of Living Will
- Have you ever received a blood transfusion?: Yes
 - Did you have an adverse reaction?: No
- Do you have religious or personal objections to receiving blood transfusions?: No

Contact Information:**Emergency Contact Information:**

Salutation: Mrs.
First Name: Jane
Middle Name: Polly
Last Name: Doe
Nickname:
Relationship: Spouse
Home Phone: 704 555-1234
Work Phone: 704 555-5678
Cell Phone: 704 555-8901
Other Phone:
E-mail: janedoe@aol.com
Primary/Secondary: Primary

Salutation: Mr.
First Name: Jeffery
Middle Name: Scott
Last Name: Doe
Nickname: Jeff
Relationship: Child
Home Phone: 813 555-1234
Work Phone: 810 555-5678 123456
Cell Phone: 813 555-8901
Other Phone: 800 555-5555
E-mail: surfdude@tampabay.com
Primary/Secondary: Primary

Salutation: Miss
First Name: Sarah
Middle Name:
Last Name: Jones
Nickname:
Relationship: Friend
Home Phone: 704 555-4321
Work Phone:
Cell Phone:
Other Phone:
E-mail:
Primary/Secondary: Secondary

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Emergency Contact Information (cont.):
Physician Contact Information:

First Name:
Last Name: Moore
Speciality: Other [Please List]: Geriatrics
Office Phone: 704 555-1216
Emergency Phone: 704 555-8631
Pager Phone: 704 555-6547
Other Phone:

First Name: Greg
Last Name: Hansen
Speciality: Cardiology
Office Phone: 704 555-4563
Emergency Phone: 704 555-4568
Pager Phone:
Other Phone:

First Name: F.
Last Name: Green
Speciality: Orthopedics
Office Phone: 704 555-9988
Emergency Phone:
Pager Phone:
Other Phone:

Insurance Contact Information:

Insurance Company: Medicare
Employer: N/A
Member ID Number: 123-45-6789
Policy Number: N/A
Group Number: N/A
Phone Number: N/A
Is this insurance an HMO: No
Is this insurance a PPO: No
Primary/Secondary: Primary

Insurance Company: BC/BS
Employer: ACME, Corp
Member ID Number: GH234HLK
Policy Number: 55566789900543-03

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Insurance Contact Information (cont.):

Group Number: 987654

Phone Number: 800-555-1234

Is this insurance an HMO: Yes

Is this insurance a PPO: No

Primary/Secondary: Secondary

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