Patient Information

REFRIGERATOR CARD

Plymouth Community Ambulance
902 Germantown Pike Plymouth Meeting, PA
610-277-2776

NAME: _____ DATE CARD COMPLETED: _____

ADDRESS: _____ TELEPHONE: ( ) _____

_____ ALLERGIES TO MEDS: _____

WHOM TO CONTACT NAME & PHONE #: _____

1. _____ _____

2. _____ _____

3. _____ DATE OF BIRTH: _____

DOCTOR'S NAME: _____ MAJOR ILLNESSES: _____

DOCTOR'S PHONE: _____ _____

HEALTH INSURER: _____ _____

_____ _____

MEDICARE #: _____ OTHER: _____

(FOLD OVER) MEDICATIONS

MEDICATIONS

CURRENT MEDICATIONS	DOSAGE STRENGTH	HOW OFTEN TAKEN	WHEN TAKEN

(For any additional medications utilize the back of this sheet)

EMERGENCY
DIAL 911