

911

Medical Information
for



Mayor Stephanie Rawlings-Blake
and
The Baltimore City Council

**This Gold Card
Could Save
Your Life!**

Name _____

Complete this card & place on your refrigerator for referral in case of medical emergency and/or 911 response.

Address: _____

Date Card Completed: _____

Telephone: () _____

_____ Zip _____

Allergies to Medication _____

Contacts (Name and Numbers)

1. _____ w _____ h _____

Date of Birth: _____

2. _____ w _____ h _____

Major Illnesses: _____

Primary Doctor's Name: _____

Isolation/Infection: _____

Doctor's Number: _____

Pacemaker: Yes ___ No ___ Model No. _____

Health Care Plan: _____

Do you have a Maryland EMS/DNR Order? Yes ___ No ___
If so, do you have either in written order or official bracelet in
your possessions? _____

Medicare Prescription Drug Plan: _____

Medicare Number: _____



Maryland Access Point
Your Link to Health & Support Services
www.mdmap.info



CARE Hotline – (410) 396-CARE

MEDICAL INFORMATION WALLET CARD

Name _____
Address _____
Phone _____
Contact Person _____
Relationship _____
Phone w _____ h _____
Contact Person _____
Relationship _____
Phone w _____ h _____
Primary Doctor _____
Phone _____

Health Care Plan _____
Medicare Prescription Drug Plan _____
Allergies to Medicines _____
Major Illnesses _____
List Medications on
Reverse Side

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