FRONT

Carry this card with you at all times. The information		Medication	Dose	Time
is essential to anyone who provides you with dental, medical, surgical or emergency care.	_			
Allergies:	-			
	-			
Date of Last Tetanus:	_			
	-			
Name:	-			
Address:				
Telephone:				
In case of Emergency, Notify:				
Name: Phone:				
Local Doctor:				
DHMC Doctor:				
	_			
Medication Card	_			
	_			
	_			
	_			
MT. ASCUTNEY HOSPITAL and health center	_			
289 County Road, Windsor, VT 05089	-			
www.mtascutneyhospital.org	-			
(802) 674-6711				