

**Important telephone numbers (please laminate & keep it handy near the telephone)**

- Name-----
- Address-----
- Phone-----
- E-mail-----
- Blood group-----
- Emergency No-----
- Important contacts—
  1. Name No-----
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
  - 7.
  - 8.

**Diseases suffering from**

1. Diabetes----- medicine
2. Blood pressure-----medicine
3. Arthiris-----medicine
4. Other -----medicine