



An Outreach and Education Initiative of [www.atypicalhus.org](http://www.atypicalhus.org)

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Notes:

# EMERGENCY CARE CARD

This patient has been diagnosed with

\_\_\_\_\_ a rare disease or disorder that requires specialized care.

If presenting to your office, clinic, or hospital, please conduct the following tests or labs and contact Patient's Medical Team with the results.

Labs\*: \_\_\_\_\_

Tests\*: \_\_\_\_\_

*\*Relay information to the Patient's Medical Team (listed inside)*

To download this form and other tools, visit [www.atypicalhus.org](http://www.atypicalhus.org) and click on the [Grab N Go Toolkit](#).



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Primary Physician: Name: \_\_\_\_\_  
Office# \_\_\_\_\_  
Mobile# \_\_\_\_\_  
Fax# \_\_\_\_\_  
Specialist: Name: \_\_\_\_\_  
Office# \_\_\_\_\_  
Mobile# \_\_\_\_\_  
Fax# \_\_\_\_\_  
Specialist: Name: \_\_\_\_\_  
Office# \_\_\_\_\_  
Mobile# \_\_\_\_\_  
Fax# \_\_\_\_\_

# EMERGENCY CARE CARD

Patient Name: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

**OPEN FOR MORE INFORMATION**

Primary Physician: Name: \_\_\_\_\_  
Office# \_\_\_\_\_  
Mobile# \_\_\_\_\_  
Fax# \_\_\_\_\_  
Specialist: Name: \_\_\_\_\_  
Office# \_\_\_\_\_  
Mobile# \_\_\_\_\_  
Fax# \_\_\_\_\_  
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