

VIAL OF LIFE

Emergency Medical personnel are trained to look in your refrigerator for the *VIAL OF LIFE*. Please follow these instructions:

1. Complete this form in ink. **PRINT CLEARLY.**
2. Fold this form and place it inside the plastic bag. If there are two or more forms for members of your family, please put them together in the bag.
3. Include a copy of your Advanced Directives form in this bag, if you have one.
4. Tape bag to the inside right front wall of the refrigerator (friction or packing tape preferred), making sure it can be easily seen.
5. Place red sticker on the outside of the refrigerator door at the top, right corner.

Name				Date
Address	City	State	Zip Code	

Telephone Number _____ Date of Birth _____

MAJOR SURGERIES	ALLERGIES

MEDICATION	DOSAGE	MEDICATION	DOSAGE

• **PLACE AN "X" BESIDE YOUR HEALTH PROBLEM:**

High Blood Pressure ____ Diabetes ____ Previous Stroke ____ Seizures ____

Kidney Disease ____ Respiratory Disease ____ Prosthesis ____

Pacemaker ____ Model Number ____ Cardiac Defibrillator ____

Other _____

• **IN CASE OF AN EMERGENCY CONTACT:**

1.

Name	Relationship
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Address

Telephone (home)	Telephone (work)
Area Code () _____ - _____	Area Code () _____ - _____

2.

Name	Relationship
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Address

Telephone (home)	Telephone (work)
Area Code () _____ - _____	Area Code () _____ - _____

NAME OF FAMILY PHYSICIAN

HOSPITAL PREFERRED

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If you would like to receive additional information about other services in the department of AGES Senior Health Care at SYNERGY Medical Education Alliance - 1000 Houghton Avenue Saginaw, MI please call (989) 583-6849 or toll free at 1-866-410-AGES