

## EMERGENCY CONTACT INFORMATION



**PATIENT:** \_\_\_\_\_

**Surgeon name:** \_\_\_\_\_

Surgeon phone: \_\_\_\_\_

Surgeon office address: \_\_\_\_\_

**Internist name:** \_\_\_\_\_

Internist phone: \_\_\_\_\_

Internist office address: \_\_\_\_\_

**Other doctor name:** \_\_\_\_\_

Other doctor phone: \_\_\_\_\_

Other doctor office address: \_\_\_\_\_

**Hospital name:** \_\_\_\_\_

Hospital phone: \_\_\_\_\_

Hospital address: \_\_\_\_\_

**NOTE: CLEARLY DELINEATE PATIENT'S MEDICAL PROXY, IN THE EVENT OF AN EMERGENCY.**

**Primary emergency contact:**

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

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

**Secondary emergency contact:**

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

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

**Relative, friend, neighbor, other:**

Other name: \_\_\_\_\_

Other phone: \_\_\_\_\_

Other name: \_\_\_\_\_

Other phone: \_\_\_\_\_

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