

MG Wallet Card

1. Print out the page
2. Complete this card by writing in the recommended information - feel free to fill out multiple copies
3. Cut on the solid line
4. Fold on dashed line
5. Place in your wallet, glove compartment, purse, etc.

<p>_____</p> <p>_____</p> <p>Current Medications: _____</p> <p>_____</p> <p>Alt. phone: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>Relation: _____</p> <p>_____</p> <p>Name: _____</p> <p>In case of emergency, please contact: _____</p>	<p>_____</p> <p>_____</p> <p>Other Medical Conditions: _____</p> <p>_____</p> <p>Alt. phone: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>City: _____ ST: _____ Zip: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>My Name: _____</p>
<p style="text-align: center;">Physician Information</p> <p>My Physician's Name:</p> <p>_____</p> <p>My Physician's Phone:</p> <p>_____</p>	<p style="text-align: center;">- Medical Alert -</p> <p style="text-align: center;">I AM ILL</p> <p>I have a disease called myasthenia gravis that makes me so weak I may not be able to stand up or speak clearly. I am not intoxicated. If I appear to need help, please call 911 or my physician immediately. <i>(See other side)</i></p> <p style="text-align: right;">Myasthenia Gravis Foundation of Illinois, Inc. 800.888.6208 www.myastheniagravis.org</p>



Myasthenia Gravis of Illinois, Inc.
 275 N. York Street • Suite 401 • Elmhurst, IL 60126
 Phone: (800) 888-6208
 www.myastheniagravis.org