

(cut out along dotted line)

Emergency Medical Information

Attention healthcare providers: please read before treating

My Name: _____

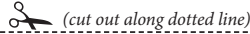
Cancer DX & Stage: _____

Oncologist's Name: _____

Phone: _____ Emergency Contact/Phone: _____

Current drug therapies that may cause a severe side effect:

Drug Allergies: _____



(cut out along dotted line)

Emergency Medical Information

Attention healthcare providers: please read before treating

My Name: _____

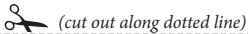
Cancer DX & Stage: _____

Oncologist's Name: _____

Phone: _____ Emergency Contact/Phone: _____

Current drug therapies that may cause a severe side effect:

Drug Allergies: _____



(cut out along dotted line)

Emergency Medical Information

Attention healthcare providers: please read before treating

My Name: _____

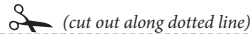
Cancer DX & Stage: _____

Oncologist's Name: _____

Phone: _____ Emergency Contact/Phone: _____

Current drug therapies that may cause a severe side effect:

Drug Allergies: _____



(cut out along dotted line)

Emergency Medical Information

Attention healthcare providers: please read before treating

My Name: _____

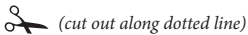
Cancer DX & Stage: _____

Oncologist's Name: _____

Phone: _____ Emergency Contact/Phone: _____

Current drug therapies that may cause a severe side effect:

Drug Allergies: _____



(cut out along dotted line)

Emergency Medical Information

Attention healthcare providers: please read before treating

My Name: _____

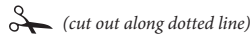
Cancer DX & Stage: _____

Oncologist's Name: _____

Phone: _____ Emergency Contact/Phone: _____

Current drug therapies that may cause a severe side effect:

Drug Allergies: _____



(cut out along dotted line)

Emergency Medical Information

Attention healthcare providers: please read before treating

My Name: _____

Cancer DX & Stage: _____

Oncologist's Name: _____

Phone: _____ Emergency Contact/Phone: _____

Current drug therapies that may cause a severe side effect:

Drug Allergies: _____

