

**Emergency Contact Card** (Please fill out *all* items & return to the office as soon as possible)

Last Name	First Name (Circle M or F)	Home Phone (with area code)
Address	City	9 Digit Zip Code
Emergency Contact	Day Phone (with area code)	Cell and/or Pager
Name & Relationship		
Primary Email (Please print)		
Emergency Contact	Day Phone (with area code)	Cell and/or Pager
Name & Relationship		
Primary Email (Please print)		
Doctor	Office Phone	Clinic
Important Health Information (e.g. allergies, medical conditions)		
Medical Insurance Company	Medical Insurance Policy Number	