Cut and fold your medication card as shown to fit into a wallet, purse or pocket.

CUT ALONG DOTTED LINE

Carry this card with you at all times. The information is essential to anyone who provides you with dental, medical, surgical or emergency care.

Allergies: _____

_____

FOLD HERE

Name: _____

Address: _____

Telephone: _____

In case of emergency, notify:

Telephone: _____

Local Doctor: _____

FOLD HERE

MEDICATION CARD

Milton Hospital

92 Highland Street
Milton, Massachusetts 02186

FOLD HERE

Medication	Dose	Time