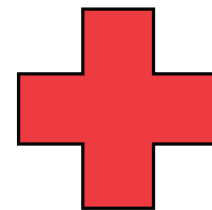


We're Happy You're Protecting Yourself With Our FREE Program



VIAL OF LIFE PROGRAM

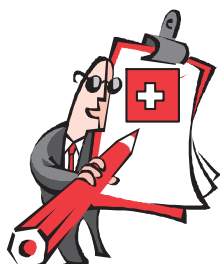
LIFESAVING INFORMATION FOR EMERGENCIES



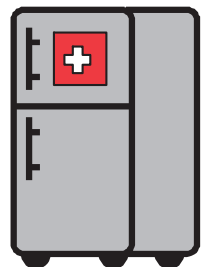
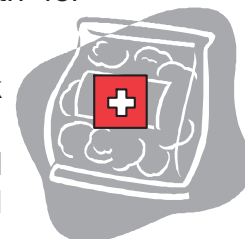
What is the VIAL OF LIFE?

The VIAL OF LIFE program is a way to have important life-saving information available for Emergency Medical Responders in the event that you are injured or ill at your home and are unable to communicate. While it is useful for all family members, it is especially helpful for senior citizens, those living alone, or those who are chronically ill.

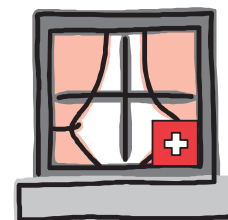
How to Use the VIAL OF LIFE



1. Fill out the VIAL OF LIFE form [HERE](#). You may want to ask your doctor to help you complete the form. Be sure to check it once a month for accuracy so it contains the most up-to-date information possible.
2. Put the completed form and other important information in a zip-lock plastic bag and put a VIAL OF LIFE DECAL on the front of the baggie. You may also want to include a photo I.D., a recent EKG strip, and a copy of legal documents such as a Health Care Proxy, Living Will and/or a Do Not Resuscitate (DNR) order.



3. Tape the baggie to the front of your refrigerator door. (The front of the refrigerator is the best place for this information because virtually every home has one, it is easy to find, and even after a disaster, it is usually intact.)
4. Put a second VIAL OF LIFE DECAL on your front door or window to direct Emergency Medical Responders where to find your life-saving information.



Inform Family Members, Caregivers and Others Whom You Trust

Your VIAL OF LIFE information is important to those who will be assisting you in times of emergency. It's a good idea to let family members, caregivers, and other people whom you trust know about your VIAL OF LIFE. Also discuss your wishes for care ahead of time and have all legal documents signed that may be necessary. These include decisions about what to do if you should experience a heart attack or develop severe respiratory problems. In order for emergency personnel to honor a patient's wishes, these important documents must be accessible at the time of the emergency.

Sponsored by American Medical Alarms, Inc. - Phone Toll Free (800) 542-0438

VIAL OF LIFE

DATE COMPLETED: _____

EMERGENCY MEDICAL INFORMATION - FOR RESCUE SQUAD

Sponsored by American Medical Alarms, Inc. - Phone Toll Free (800) 542-0438

FIRST NAME			INITIAL	LAST NAME			SOCIAL SECURITY NUMBER			
STREET			CITY		STATE	ZIP	TELEPHONE			
DATE OF BIRTH		MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR		BLOOD TYPE	RELIGION	
IF PACEMAKER, MODEL #			DEFIBRILATOR, MODEL #			HEARING AID	DEAF		DENTURES	UNABLE TO SPEAK
VISION		GLASSES	CONTACTS		BLIND	ARTIFICIAL EYE		UPPER LOWER	NATIVE LANGUAGE IF NOT ENGLISH	
					L	R	L	R		
IDENTIFYING MARKS:										
CIRCLE CONDITIONS YOU HAVE BEEN TREATED FOR IN THE PAST										
AIDS		BLOOD PRESSURE		EPILEPSY		HEART CONDITION		TUBERCULOSIS		
ANEMIA		CANCER		GLAUCOMA		JAUNDICE		OTHER:		
ARTHRITIS		DIABETES		HAY FEVER		SINUS				
ASTHMA		INSULIN Y / N		HEPATITIS		STROKE				
CURRENTLY BEING TREATED FOR?										
CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED					CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED					
NAME OF DOCTOR			TELEPHONE NUMBER		NAME OF DOCTOR			TELEPHONE NUMBER		
NAME OF DOCTOR			TELEPHONE NUMBER		NAME OF DOCTOR			TELEPHONE NUMBER		
ALLERGIES TO MEDICATIONS										
LAST HOSPITALIZATION										
HOSPITAL		LOCATION			YEAR		PATIENT #			
LIVING WILL			ORGAN DONOR							
REFER TO:					REFER TO:					
MEDICAL COVERAGE										
BLUE CROSS # _____			BLUE SHIELD # _____			MEDICARE # _____				
MEDICAID # _____			OTHER _____			POLICY # _____				
IN CASE OF EMERGENCY - NOTIFY					RELATIONSHIP					
STREET ADDRESS			APT	CITY	STATE	ZIP	PHONE			

PLACE ON FRONT OF REFRIGERATOR AND UPDATE AS NEEDED

American Medical Alarms sponsors the Vial of Life Program.

Please cut out the two Vial of Life pictures below. Fill out the Vial of Life form and put it behind one cut out in a plastic bag and tape the bag to the front of your refrigerator. Then put the second cut out in a bag and tape it on the outside of your front door. Be sure to amend the information on your Vial of Life form as your medications and or medical information changes. You can print new forms anytime you need them by visiting our website:

www.americanmedicalalarms.com



Thank you!

American Medical Alarms