

LIFENET

Vial of Life Information Sheet

- **List personal information on Vial of Life Form (use pencil on the medication portion if available). Medications may change from time to time.**
 - **Place form back into Vial**
- **Vial should be placed visibly in your refrigerator**
- **Place Vial of Life magnet on refrigerator door**
- **Place Vial of Life sticker on the front door of your home visible for emergency staff**

In case of emergency, dial 911

LifeNet, Inc

6225 St. Michael Drive, Texarkana, TX 75503

220 Ouachita, Hot Springs, AR 71901

2201 N. Boomer Rd, Stillwater, OK 7407

Billing Office: 800-832-6395



Date Completed _____

DIAL 911 FOR EMERGENCIES

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	
List hearing difficulties					DENTURES UPPER LOWER		UNABLE TO SPEAK <input type="checkbox"/>	
List vision difficulties					NATIVE LANGUAGE IF NOT ENGLISH			
Identifying Marks								
Current Medical Conditions								
Past Medical Conditions								
Current Medications: Dosage and Frequency								
Allergies to Medications								
Doctors Name and Telephone Number								
Last Hospitalization								
Special Instructions such as health directives, etc...								
Health Insurance Policy								
Emergency Contact Notification - Name - Address - Phone - Relationship								
PLACE VIAL INSIDE REFRIGERATOR DOOR								