



**Follow these steps to fold & fit Rx on the Run
in your wallet!**

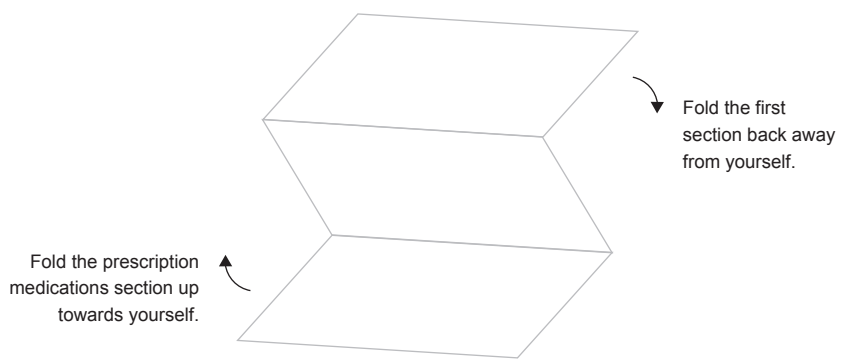
MY PERSONALIZED MEDICAL INFO WALLET CARD																	
 	Personal Info Name: Phone: Date of Birth: Address: Email:																
HealthcareReady.org/Rx-on-the-run																	
Blood-type <input type="checkbox"/> O+ <input type="checkbox"/> A+ <input type="checkbox"/> B+ <input type="checkbox"/> AB+ <input type="checkbox"/> O- <input type="checkbox"/> A- <input type="checkbox"/> B- <input type="checkbox"/> AB- <input type="checkbox"/> Don't Know	Emergency Contact Name: Phone: Relationship: Email:																
Allergies	Medical Conditions																
Prescription Medications <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Medication</th> <th style="text-align: left;">Dosage /Frequency</th> <th style="text-align: left;">Prescribing Dr. /Phone</th> <th style="text-align: left;">Pharmacy /Phone</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Medication	Dosage /Frequency	Prescribing Dr. /Phone	Pharmacy /Phone												
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First, fold here right above the Blood Type and Emergency Contact section.
See diagram below.

Next, fold here right above the Prescriptions Medications section.
See diagram below.

That's it!

Your card is ready to place in your wallet, purse, or ID holder.



MY PERSONALIZED MEDICAL INFO WALLET CARD



Personal Info

Name: Michael Smith
 Phone: 012-345-6789
 Date of Birth: 01/02/55
 Address: 1122 Main Street Ave
 Washington, DC 20005
 Email: Michael@email.com

HealthcareReady.org/Rx-on-the-run

Blood-type

- O+ A+ B+ AB+
 O- A- B- AB-
 Don't Know

Emergency Contact

Name: Jonathan Smith
 Phone: 012-345-6789
 Relationship: Father
 Email: Jonathan@email.com

Allergies

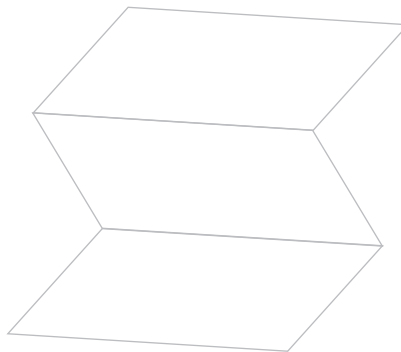
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Medical Conditions

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Prescription Medications

Medication	Dosage /Frequency	Prescribing Dr. /Phone	Pharmacy /Phone
Medicine name	30mg 1/day	Dr. Doctor 012-345-6789	Walgreens 012-345-6789
Medicine name	30mg 1/day	Dr. Doctor 012-345-6789	Walgreens 012-345-6789
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MY PERSONALIZED MEDICAL INFO WALLET CARD



Personal Info

Name:

Phone:

Date of Birth:

Address:

Email:

HealthcareReady.org/Rx-on-the-run

Blood-type

- O+ A+ B+ AB+
 O- A- B- AB-
 Don't Know

Emergency Contact

Name:

Phone:

Relationship:

Email:

Allergies

Medical Conditions

Prescription Medications

Medication	Dosage /Frequency	Prescribing Dr. /Phone	Pharmacy /Phone
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MY PERSONALIZED MEDICAL INFO WALLET CARD



Personal Info

Name: Michael Smith

Phone: 012-345-6789

Date of Birth: 01/02/55

Address: 1122 Main Street Ave
Washington, DC 20005

Email: Michael@email.com

HealthcareReady.org/Rx-on-the-run

Blood-type

- O+ A+ B+ AB+
 O- A- B- AB-
 Don't Know

Emergency Contact

Name: Jonathan Smith

Phone: 012-345-6789

Relationship: Father

Email: Jonathan@email.com

Allergies

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Medical Conditions

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Prescription Medications

Medication	Dosage /Frequency	Prescribing Dr. /Phone	Pharmacy /Phone
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