

MG Wallet Card

1. Print out the page
2. Complete this card by writing in the recommended information - feel free to fill out multiple copies
3. Cut on the solid line
4. Fold on dashed line
5. Place in your wallet, glove compartment, purse, etc.

<div>_____</div> <div>_____</div> <div>Current Medications: _____</div> <div>_____</div> <div>Alt. phone: _____</div> <div>_____</div> <div>Phone: _____</div> <div>_____</div> <div>Relation: _____</div> <div>_____</div> <div>Name: _____</div> <div>In case of emergency, please contact: _____</div>	<div>_____</div> <div>_____</div> <div>Other Medical Conditions: _____</div> <div>_____</div> <div>Alt. phone: _____</div> <div>_____</div> <div>Phone: _____</div> <div>_____</div> <div>City: _____ ST: _____ Zip: _____</div> <div>_____</div> <div>Address: _____</div> <div>_____</div> <div>My Name: _____</div>
<div>Physician Information</div> <div>My Physician's Name:</div> <div>_____</div> <div>My Physician's Phone:</div> <div>_____</div> <div>_____</div>	<div>- Medical Alert -</div> <div>I AM ILL</div> <div>I have a disease called myasthenia gravis that makes me so weak I may not be able to stand up or speak clearly. I am <u>not</u> intoxicated. If I appear to need help, please call 911 or my physician <u>immediately</u>. <i>(See other side)</i></div> <div>Myasthenia Gravis Foundation of Illinois, Inc. 800.888.6208 www.myastheniagravis.org</div>



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