



## **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<br>UPPER LOWER        |            | UNABLE TO SPEAK<br><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 |             |         |        |            |                                |            |   |  |
| <b>PLACE VIAL INSIDE REFRIGERATOR DOOR</b>                             |             |         |        |            |                                |            |   |  |