

| <b>3<sup>rd</sup> US Medical Card – to be carried by members at all times<br/>in their cartridge box (front)</b> |  |
|--|--|
| Member Name  |  |
| Address  |  |
| City, State, Zip   |  |
| Phone #  |  |
| Allergies & other<br>health concerns   |  |
| Medications  |  |
| Physician name and<br>phone #  |  |

| <b>3<sup>rd</sup> US Medical Card – (back)</b> |  |
|--|--|
| In Case of Emergency Contact:                  |  |
| Name   |  |
| Address  |  |
| City, State, Zip                               |  |
| Phone #  |  |
| Health Insurance<br>Name and Acct. #           |  |
| Other info:                                    |  |

|                            |  |
|----------------------------|--|
| Physician name and phone # |  |
|----------------------------|--|