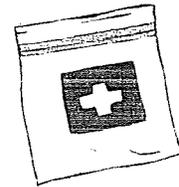
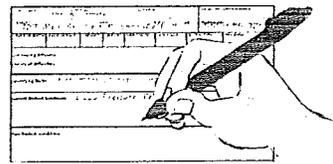


How to Set Up Your VIAL OF LIFE Kit:

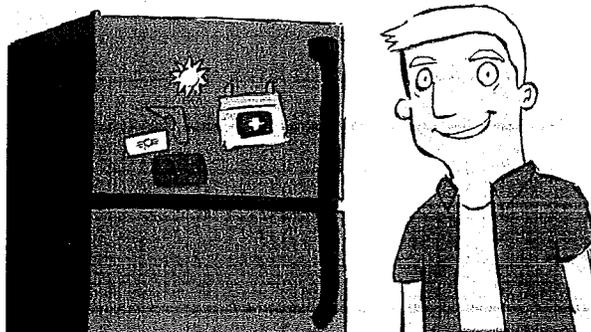
1. Fill Out the Vial of Life Form

- Fill out the form located on reverse side. Answer all or any pertinent questions. All fields are optional.
- Make blank copies of this form to keep information current or go to VialofLife.com to maintain and store updated information online.



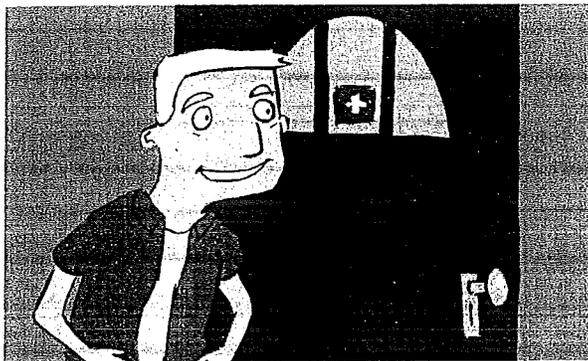
2. Prepare Your Plastic Baggie

- Place one Vial of Life decal on the front of a plastic baggie. Fold filled out form and place in the baggie.
- You may also consider adding the following items: Copy of EKG, DNR (Do Not Resuscitate), Living Will or Equivalent, Recent Picture of Self.



3. Place Baggie on Fridge Door

- Securely tape the plastic baggie to the front of your fridge. Place the baggie at eye level so that first responders can easily find your complete medical information.

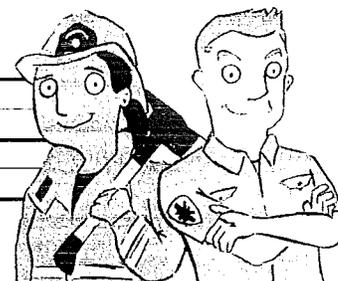


4. Place the Second Decal on Your Front Door

- Place the second decal on your front door at eye level. This lets your local first responders know where your medical information is located.

Thanks to the Vial of Life, first responders will have all the medical information they need to best treat you...

Allergies to Medications
Allergic to Penicillin and Anticonvulsants
Doctors Name and Telephone Number
Dr. Gerald Johnson 555-688-7787



Save, Update and Print Your Medical Information Online at:

VIALOFLIFE.com



VIAL OF LIFE

Medical Information Form

VialofLife.com • 1-888-724-1200

DATE COMPLETED:

FIRST NAME		INITIAL		LAST NAME			SSN			
STREET			CITY		STATE		ZIP		TELEPHONE	
DOB	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE		RELIGION		
List Hearing Difficulties						DENTURES		UNABLE TO SPEAK		
List Vision Difficulties						UPPER LOWER		<input type="checkbox"/>		
						PRIMARY LANGUAGE (IF NOT ENGLISH)				
Identifying Marks										
Current Medical Conditions										
Past Medical Conditions										
Current Medications: Dosage & Frequency										
Allergies to Medications										
Doctor's Name & Phone Number										
Last Hospitalization										
Special Instructions (Such as Health Directives, Etc..)										
Health Insurance Policy										
Emergency Contact - Name, Address, Phone Number, & Relationship										
PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK TO STORE ON REFRIGERATOR										