Medical ID Card Get yours from - YourIDCard.com

Name: David Sherman — Male
DOB: 01/19/1960 — BloodType: O+
Insurance: Anthem Blue Cross
Religious Affiliation: Catholic
Phys 1: Lennard McCoy, M.D. (714) 555-0123
Phys 2: Gastro Dr William Custer (714) 555-0512
Phys 3: Cardio Dr Harcort Mudd (714) 555-3210
Allergies: None

Med Conditions: MI of lower dec artery with 2 stents, ulcerative colitis

Contact 1: Mary Sherman, spouse (714) 555-1212
Contact 2: Sherman, Jane/Fred parents (714) 555-2121
As of 02/05/2011

Card Front

Prescriptions, Supplements, OTC Medications

Azathioprine	100mg/day
Asacol	1600mg 3 times a day
Coreg CR	40mg/day
Plavix	75mg/day
Fenofibrate	130mg/day
Citracal calcium + D	2 tablets 3 times day
Vitamin D	1000iu/day
Fish Oil	1000mg 3 times day
Aspirin	81mg/day

Get yours from - YourIDCard.com As of 02/05/2011

Card Back

Your ID Card Order Form

Instructions:

Fill in the information you want imprinted on Your ID Card. Enclose $19.97 check or money order to ECS, Inc and mail to:

ECS, Inc.
2462 N Glassell St.
Orange CA 92865

Please include your phone number in the event that there is a problem or question related to your card. Got questions? Contact us anytime at 714 282 6400 or sales@youridcard.com.

Name:

Address:

City: State: Zip:

E-Mail:

Phone: Birthdate: / / Gender:

BloodType: A+ A- B+ B- AB+ AB- O+ O- Circle one

Insurance:

Religion:

Doc 1:

Phone:

Doc 2:

Phone:

Doc 3:

Phone:

Allergies:

Copyright © Electronic and Computer Specialties, Inc. 2012 - YourIDCard.com - version 20120215

Medical Conditions:

Contact 1:

Phone:

Contact 2:

Phone:

Prescriptions / Supplements / Over the counter Medications:

	Name:	Dose:
1:		
2:		
3:		
4:		
5:		
6:		
7:		
8:		
9:		
10:		
11:		
12:		
13:		
14:		
15:		

Copyright © Electronic and Computer Specialties, Inc. 2012 - YourIDCard.com - version 20120215