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**MEDICAL ALERT CARD:
For Facioscapulohumeral Muscular Dystrophy
(FSHD) Patient**



*** MEDICAL ALERT: Facioscapulohumeral muscular dystrophy (FSHD) patient**

NAME: _____ BLOOD TYPE: _____

Medication alert: If narcotics are necessary for pain control, respiratory function must be closely monitored.

Patient uses BiPAP ventilation support. Monitor for CO2 retention.
Administer oxygen only with BiPAP ventilation.

EMERGENCY CONTACT NAME & PHONE: _____

PHYSICIAN NAME & PHONE: _____

If patient is incapacitated and non-responsive, all medical information and healthcare decisions should be disclosed, discussed, and decided with:

SIGNED: _____

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