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