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: ________________________________