



Herausgeberin

CONTERGANSTIFTUNG

NOTFALLAUSWEIS

Allgemeine Angaben

Name

Vorname

Geburtsdatum

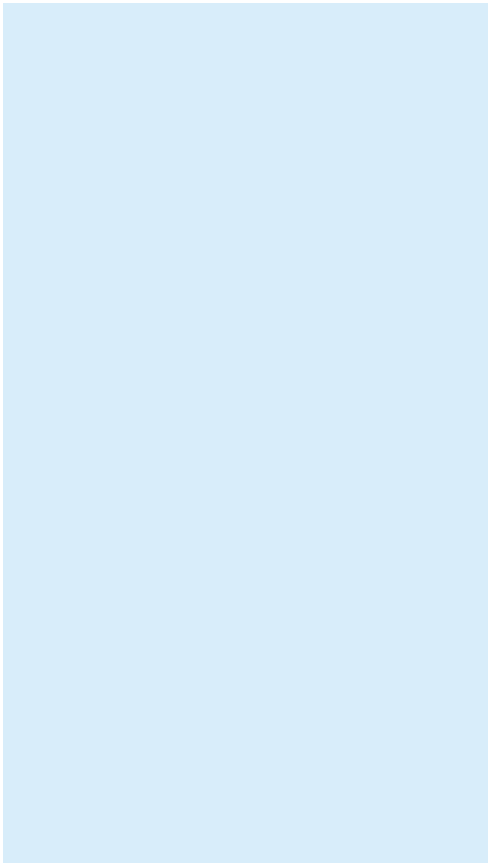
Straße, Hausnummer

PLZ, Ort

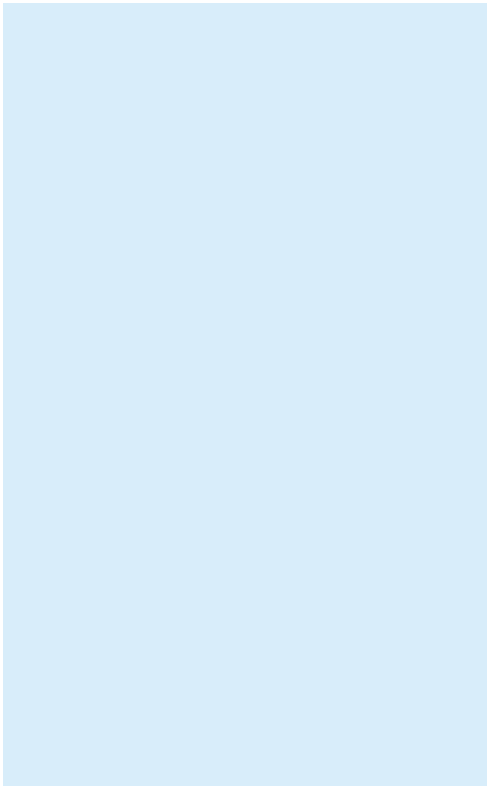
Telefon

Mobil

Medizinische Besonderheiten:



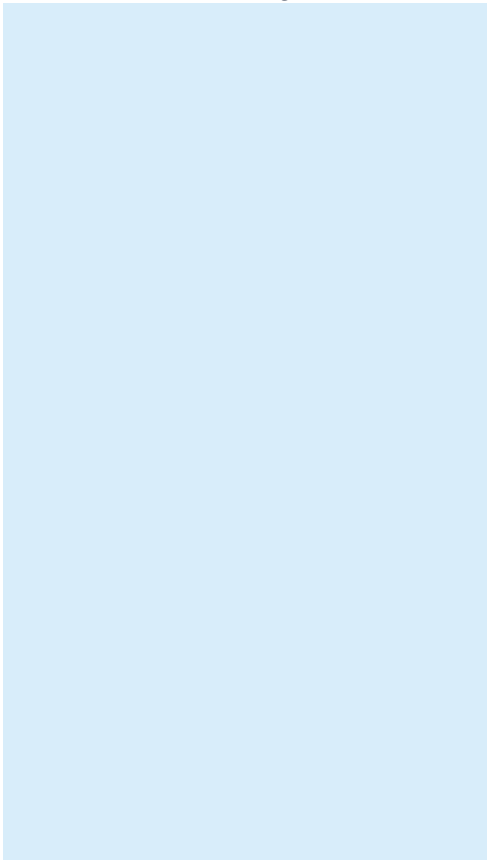
Hinweise zur Blutentnahme:



Blutgruppe:

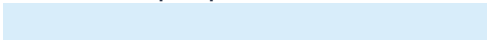
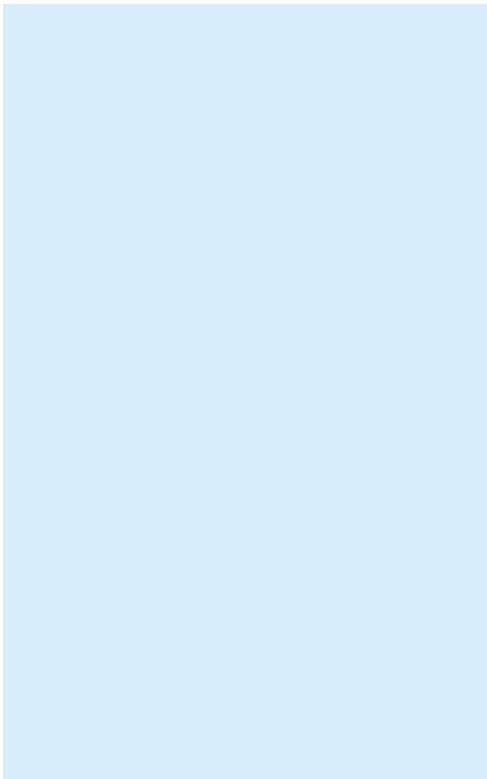


Hinweise zur Blutdruckmessung am Bein:



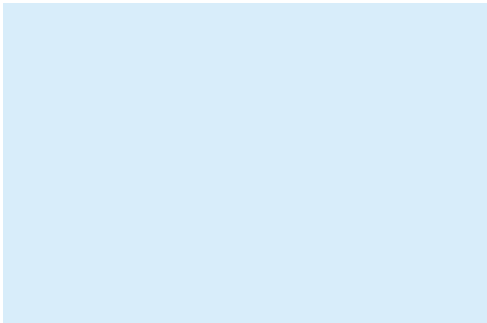


Medizinische Ansprechperson:

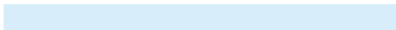
A horizontal light blue bar redacting the name of the medical contact person.A large vertical light blue rectangle redacting the contact information and details of the medical contact person.

Inhaber / Inhaberin des Ausweises ist

Patient / Patientin bei / im:



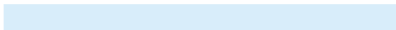
Telefon



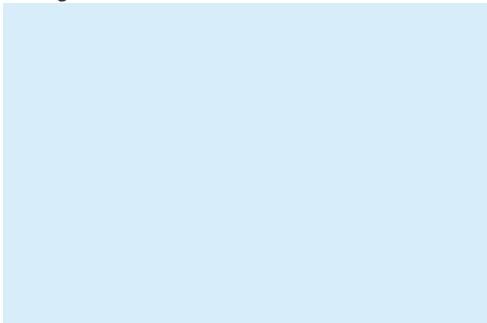
Fax



E-Mail



Sonstige Hinweise:



Privater Notfallkontakt 1:

Name

Vorname

Telefon

Mobil

Privater Notfallkontakt 2:

Name

Vorname

Telefon

Mobil