

AnewVista LifeNet ER

INSTRUCTIONS

The LifeNet ER kit enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information current, accurate, and placed in a prominent spot on your **REFRIGERATOR**.

HOW TO USE

1. Please fill out the LifeNet ER form completely.
2. Fold the LifeNet ER form and place it inside the magnetic pouch provided.
3. Enclose in the pouch a copy of any Advanced Directives (DNR, Living Will, etc.) that you wish to be followed.
4. Place the LifeNet ER pouch on the door of your **REFRIGERATOR**.

PERSONAL INFORMATION

Name: _____ DOB: _____
Address: _____ Gender: Male Female
City: _____ State: _____ Zip Code: _____
Phone #: () _____ Hospital Preferred: _____
Primary Language: _____ Weight: _____ lbs (or) _____ kg
Medical Insurance: _____ Insurance # _____
Advanced Directive (DNR, Living Will, Durable Power of Attorney): Yes No
(Please place copies of all completed Advanced Directive forms in file of life pouch)
Doctor's Name: _____ Phone: () _____
Date File of Life Form Completed: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Address: _____ Phone #: () _____
Name: _____ Relation: _____
Address: _____ Phone #: () _____

