

# MG Wallet Card

1. Print out the page
2. Complete this card by writing in the recommended information - feel free to fill out multiple copies
3. Cut on the solid line
4. Fold on dashed line
5. Place in your wallet, glove compartment, purse, etc.

<p>_____</p> <p>_____</p> <p>Current Medications: _____</p> <p>_____</p> <p>Alt. phone: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>Relation: _____</p> <p>_____</p> <p>Name: _____</p> <p>In case of emergency, please contact: _____</p>	<p>_____</p> <p>_____</p> <p>Other Medical Conditions: _____</p> <p>_____</p> <p>Alt. phone: _____</p> <p>_____</p> <p>Phone: _____</p> <p>_____</p> <p>City: _____ ST: _____ Zip: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>My Name: _____</p>
<p>Physician Information</p>	<p><b>- Medical Alert -</b></p> <p><b>I AM ILL</b></p>
<p>My Physician's Name:</p> <p>_____</p>	<p>I have a disease called myasthenia gravis that makes me so weak I may not be able to stand up or speak clearly. I am <b>not</b> intoxicated. If I appear to need help, please call 911 or my physician <b>immediately</b>. (See other side)</p>
<p>My Physician's Phone:</p> <p>_____</p>	<p style="text-align: center;">Myasthenia Gravis Foundation of Illinois, Inc. 800.888.6208 <a href="http://www.myastheniagravis.org">www.myastheniagravis.org</a></p>



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