

Emergency Instructions

EMERGENCY CONTACT INFORMATION

Patient Name: _____ Date of Birth: _____

Emergency Contact: _____

Relationship to patient: _____ Phone# _____

EMERGENCY EVACUATION PLAN

Should evacuation become necessary in the event of an emergency or natural disaster: Who will help you evacuate?

Name: _____ Phone# _____

Where will you go?

Location: _____ Phone# _____

SPECIAL INSTRUCTIONS

Serious Medical Emergency

In the event of a serious medical emergency, such as unconsciousness or severe chest pain, contact 911 for immediate assistance and transportation to nearest hospital.

*** This information is provided as a quick reference in case an emergency occurs. Please keep this form where it is easily accessible.**

Please contact Pentec within 24 hours should any of the following events occur

- The patient is admitted to the hospital
- A change occurs in your living situation making continuation of your treatment difficult or impossible (prolonged loss of electrical power.)
- A situation occurs making access to your home difficult or causing you to move to another location (natural disaster or family crisis.)

Doctors Name: _____ Phone# _____

Pentec Nurse: _____ Phone# _____

I have reviewed and understand these instructions:

Patient/Responsible Party: _____ Date _____

Pentec Representative: _____