

# Emergency Contact Information

Date: \_\_\_\_\_

To Whom It May Concern,

This letter serves to provide emergency contact information for:

## Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

## Emergency Contacts

### Primary Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Secondary Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Information

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Please do not hesitate to contact the above individuals in case of an emergency.

Sincerely,

\_\_\_\_\_

Signature