

Protect  
yourself,  
and the  
ones you  
love

**The only Emergency  
Card you will ever  
need**

The  
**MedTrax**  
Card

First Card is \$7.50 any updates or changes are \$2.50. Most orders will be filled and shipped within one week after receiving application order form and payment.

*Complete for Shipping:*

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please make checks or  
money orders out to Health  
Card Solutions*

*Make sure to include this  
application.*

Send to:

**Health Card Solutions**

**MedTrax**

28954 Mindy Court  
Lindstrom, MN 55045  
Phone (651) 257-3030  
Fax (651) 257-7030

[www.healthcards.com](http://www.healthcards.com)

*INTRODUCING: THE*  
**MedTrax Card**

Combining Medications can be dangerous, even fatal. It can happen with over-the-counter medications and/or prescriptions from your doctor.

***The MedTrax card will put your mind at ease.....***

At every doctor appointment they will ask. "Are you taking any medications?".....

*Do you remember the names of your medications? Are you sure you include all of them?*

Bring this card to your doctor appointments. Show the card when new prescriptions are written. The risk of an adverse reaction is greatly reduced! A pharmacist can use this card to help you decide the safest, most effective over-the-counter medication for you.

Emergencies happen. If you are unable to speak for yourself because of unconsciousness or another health issue, the MedTrax Card will aid in getting the correct care you need. Medical professionals can assess a medical Situation more efficiently and with more knowledge on what course of action to take.

**Carry this card at all times**

Carrying MedTrax is on the right Track

The MedTrax card is easy to carry.  
The card is the size of a credit card,  
made from durable plastic for long life  
wear.

**Front of Card**

Name: Ima Sample  
Phone: (555) 555-9090  
Address: 555 Winding River Road  
Anywhere, MN 99999  
Doctor: Dr. Suess  
Phone: (555) 777-9090  
Insurance: Care for Everyone  
Policy: AR98765787665  
Emergency Contact: Hesa Sample  
Phone: (555) 555-0989  
Blood Type: A+(positive)  
Organ Donor: Yes  
Last Tetanus Shot: 02/02/02  
Living Will: No  
Medication Allergies: Tetracycline,  
Lipitor, and Tylenol  
Health Issues: Diabetes (no insulin),  
Low Blood Pressure, Lung Cancer  
(survivor), Ulcers

**Back of Card**

Last Card Update April 8, 2002

| Name/Dose          | How often | Reason   |
|--------------------|-----------|----------|
| Glucophage (500mg) | 2x Daily  | Diabetes |
| Glucotrol XL (5mg) | 1x Daily  | Diabetes |
| Prinivil (10mg)    | 1x Daily  |          |
| Liver Leakage      |           |          |

Levothroid (.125mg) 1x Daily  
Thyroid  
Furosemide Edema (20mg) As  
Needed For Swelling  
Calcium (500mg) 1x Daily  
Supplemental Albuteral Inhaler (17g)  
As Needed Lung Cancer

MedTrax, Lindstrom, MN 651-257-3030  
(All Information you provide  
is optional)

Please Print neatly and  
clearly.  
Fill out application  
completely and as  
accurately as possible.

Front of Card

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Doctor  
Name: \_\_\_\_\_  
Doctor  
Phone: \_\_\_\_\_  
Health  
Insurance: \_\_\_\_\_  
Policy#: \_\_\_\_\_  
Emergency  
Contact: \_\_\_\_\_  
Emergency Contact  
Phone: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Organ Donor: Yes No

Last Tetanus Shot  
Date: \_\_\_\_\_  
Living Will: Yes No  
Medication Allergies:

Health Issues:

Below, list **all** medications, over – the  
– counter and prescriptions. Any  
Medications regularly taken, including  
birth control and vitamins. Please fill  
out this form as accurately as possible  
for optimum prevention of medication  
interaction.

Back of Card

Medication Name/Dose  
#Times Daily Reason