Emergency Fax



Personal information: (please fill in immediately)	Fill out here if EMERGENCY:
□ deaf□ hearing impaired	I need immediately
□ mute	□ Police
Name:	□ Ambulance
First name:	□ Emergency doctor
Date of birth:	□ Fire department
Street name:	Mh ara 2
Floor: (e.g. 1st floor left) (important for fire department)	Where ?
Room no (for high-rise buildings, retirement homes, etc.; if available)	□ at my place
Location and district	□ in my street (outside)
Fax no. with area code:	Why?
General practitioner	□ Illness / injured
Name:	□ Robbery / burglary
Telephone:	
In an emergency, please inform: deaf hearing Name:	Please do not ask any questions, just confirm receipt. Thank you very much!
First name:	
Telephone:	
Fax:	
Street name:	
Location and district:	