

Emergency Fax



Personal information: (please fill in immediately)

- deaf
- hearing impaired
- mute

Name: _____

First name: _____

Date of birth: _____

Street name: _____

Floor: (e.g. 1st floor left) _____ (important for fire department)

Room no. _____ (for high-rise buildings, retirement homes, etc.; if available)

Location and district _____

Fax no. with area code: _____

General practitioner

Name: _____

Telephone: _____

In an emergency, please inform:

- deaf
- hearing

Name: _____

First name: _____

Telephone: _____

Fax: _____

Street name: _____

Location and district: _____

Fill out here if EMERGENCY:

I need immediately

- Police
- Ambulance
- Emergency doctor
- Fire department

Where ?

- at my place
- in my street (outside)

Why ?

- Illness / injured
- Robbery / burglary

***Please do not ask any questions, just confirm receipt.
Thank you very much!***
