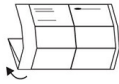


**STEP 1** Cut the top and bottom off, along the dotted lines.



**STEP 2** Fold up the paper so your info is on top.



**STEP 3** Fold in half.



**STEP 4** Cut off the extra paper.



**STEP 5** Place in your wallet.



CUT AND FOLD YOUR WALLET CARD. KEEP IT IN YOUR WALLET AT ALL TIMES. IF THERE ARE CHANGES IN YOUR CONDITION, MEDICATION, CONTACT INFORMATION OR EMERGENCY CONTACTS, UPDATE YOUR PROFILE AT [MEDICALERT.CA / MYMEDICALERT](http://MEDICALERT.CA / MYMEDICALERT) OR CALL 1.800.668.1507.

FOR CUSTOMER SERVICE CALL **1.800.668.1507**

**(NOT FOR EMERGENCY)**

**SUBSCRIBER NUMBER / NAME**  
12835235C, Sonja Goesseringer

**ADDRESS**  
Po 73519  
Vancouver, BC, V6E 4L9

**SERVICE PLAN TYPE**  
Monthly  
**EXPIRY DATE**  
May 28 2020

MEDICALERT® USES STANDARD MEDICAL LANGUAGE. DRUG DOSAGES ARE NOT RECORDED AS THEY CHANGE.



MEDICALERT 24/7 EMERGENCY HOTLINE NUMBERS  
NORTH AMERICA **1.800.407.7717**  
INTERNATIONAL **+1.209.634.4917**

**SUBSCRIBER NUMBER / NAME**  
12835235C, Sonja Goesseringer

**ENGRAVED MESSAGE(S)**

MS/CFIDS/FMS  
NEUTROPENIA/S.A.D  
FMD/OSTEOPOROSIS  
HYPOGLYCEMIA

FOLD HERE →

**PRIMARY MEDICAL CONTACT: K DOUKAS, GP, (416) 867-3726 (W)**  
**PRIMARY PERSONAL CONTACT: NICOLE GOESSERINGER, SISTER (310) 804-0964 (C)**  
Height: 160 cm (5'3"), Weight: 50 kg (110 lbs)  
Race: White (Caucasian), Skin complexion: LIGHT/FAIR  
Hair: BROWN/BLOND, SHOULDER  
Eye colour: BROWN  
Language Spoken: English  
Marks: SCAR, Forehead, Left side, above brow  
Living arrangement: Other, Co-op  
**MEDICAL CONDITIONS/PROCEDURES:**  
Celiac Disease (Celiac Sprue)  
Left Rib fracture (s)  
Subsegmental/Discoïd Atelectasis  
Prediabetes

Electrohypersensitivity Syndrome (EHS)  
Unstable Angina May 2018  
Osteoarthritis (OA)  
Presbyopia  
Peptic Ulcer Disease (PUD)  
Dyspnea on exertion/Shortness of breath on exertion (SOBOE)  
Epiretinal membrane (ERM)  
Hypertension (HBP / HTN)  
Arrhythmia  
Varicose Veins  
Sensory Hearing Loss  
Cataract (s)  
Lordosis deformity of spine  
Basal Cell Carcinoma Jul 2015  
Astigmatism May 2015

FOLD HERE →

Hyperhidrosis (Excessive Sweating)  
Central Sleep Apnea  
Hypokalemia (Potassium Deficiency)  
Cervical Stenosis  
Herpes Zoster (Shingles/Zona)  
Irritable Bowel Syndrome with Constipation (IBS-C)  
Borderline Glaucoma  
Post Traumatic Stress Disorder (PTSD)  
Back Injury  
Neck injury  
In Remission Multiple Sclerosis (MS)  
Fibromuscular Dysplasia (FMD)  
Bulimia Nervosa  
Anorexia Nervosa  
Epstein-Barr Virus (EBV) Infection

Seasonal Affective Disorder (S.A.D.)  
Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS)  
Neutropenia  
Osteoporosis  
Anemia  
Hypoglycemia  
Fibromyalgia Syndrome (FMS)/Fibromyositis

**DEVICES/IMPLANTS:**  
silicone Chin Implant

**MEDICATIONS:**  
Chlorthalidone  
Nitroglycerin  
Vagifem  
Apo-Baclofen

FOLD HERE →

Apo-Acyclovir  
Teva-Fentanyl  
Apo-Cimetidine  
Aspirin/ASA (low dose-81 mg)  
Multiple Vitamins and Minerals

**ALLERGY INFORMATION:**  
Allergic to: Dust  
Allergic to: Mold (or Mould)

**SPECIAL NEEDS:**  
Needs gluten free diet: \*strictly avoid wheat,rye, triticale,barley,oats, \*hidden sources of gluten are: hvp/hpp-hydrolyzed vegetable protein/plant protein,wheat starch,modified starch,malt flavouring,malt.  
Left Ankle/Foot Fractures  
Back Brace

No magnetic resonance imaging (MRI): Dental posts with no crown. tattoo eyeliner.  
Wears Orthotics. Prefers laser to surgical procedures.  
We recommend a new product to reflect current medical information. Thank you.

Wallet card printed on April 15 2020 at 08:21 PM EST

**YOU ARE RESPONSIBLE FOR MAKING SURE THAT THE INFORMATION IN YOUR FILE IS CORRECT.**

PLEASE REVIEW YOUR FILE CAREFULLY. IF THERE ARE CHANGES IN YOUR CONDITION, MEDICATION, CONTACT INFORMATION OR EMERGENCY CONTACTS, UPDATE YOUR PROFILE AT [MEDICALERT.CA/MYMEDICALERT](http://MEDICALERT.CA/MYMEDICALERT) OR CALL 1.800.668.1507