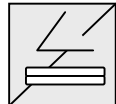


Emergency Fax



I cannot hear



I cannot speak



I am disabled

Who is sending this fax?

Name: _____ Your Fax Number: _____


Where do you need help?


Street Address: _____ Apt./Room No. _____ Floor: _____

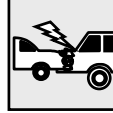
City or location _____

What kind of help?


 **Fire Department**


 Fire

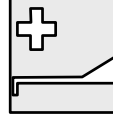
 Rescue

 Accident


 **Ambulance**


 Paramedic


 Injury

 Illness

 **Police**


 Break-In/


 Assault

 Violencei


What kind of help?

Please send me addresses and weekend hours for

 Doctor

 Dentist

 Ear, Nose and Throat Specialist

 Optometrist

Pharmacy in my local area:
City, County: _____



Address: _____

Fax: _____ Telephone: _____

Thank you!

Your Signature: _____

Please fax back!

Bitte zurückfaxen!

Bitte zurückfaxen!

Please fax back!

We have received your emergency fax and _____
is on the way to your location. Signature of Receiving Dispatcher: _____