



MYASTHENIA GRAVIS
ASSOCIATION OF QUEENSLAND INC.

REQUEST FOR DRUG & MEDICAL INFORMATION WALLET CARD

Your Details

Family Name: _____ Given Names: _____
Home Address: _____

Postcode: _____
Date of Birth: _____ Mobile / Phone : _____

GP / Support Details

GP: _____ Phone: _____
Specialist: _____ Phone: _____
Hospital: _____ Phone: _____
ICE Contact: _____ Phone: _____

ICE = In Case of Emergency

Signature (Or name) : _____ **Date:** ____ / ____ / ____

Supporting notes

The Drugs to be Used With Caution Information has been formatted into a wallet card containing the member's personal details as requested

Please complete this form and return to the MGAQ via info@mgaq.org.au or post to **MGAQ, PO Box 16, Mt Gravatt, QLD 4122.**

All personal details will be recorded as supplied and will not be kept once your card has been prepared.

This is a complimentary service offered to financial members. A credit card sized, laminated document will be sent via post to the listed address.

The committee trusts that you will find this resource invaluable.

Please call 1800 802 568 for additional information.

NOTE: DRUG AND MEDICAL INFORMATION CARDS ARE ONLY AVAILABLE TO FINANCIAL MYASTHENIA MEMBERS OF THE ASSOCIATION