The Renal Preparedness Project

1. **Emergency Medication Log**

***2*** **THE RENAL PREPAREDNESS PROJECT** *Emergency Medication Log Keep this form in your emergency kit at all times.*

**Patient Name: _____ Date of Birth: _____ Blood Type: _____ Nephrologist: _____ Nephrologist Phone: _____ Dialysis Center: _____ Dialysis Center Phone: _____ Pharmacy Name & Phone: _____ Allergies: _____**

| Medication Name | Dose | How Often | Time of | Prescribing Doctor | Refrigerate? |
|---|---|---|---|---|---|
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |

**Insurance Information**

- Insurance Provider: _____
- Member ID: _____
- Group Number: _____
- Medicare/Medicaid #: _____

⚠ *This log is for emergency reference only. Always follow your doctor's instructions. The Renal Preparedness Project | renalpreparednessproject.org | 501(c)(3) Nonprofit*