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 is happening?

_____

_____

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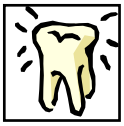
☐ **Please send me addresses and weekend hours for**

 ☐ 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: _____

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