**TRI CITY HOSPICE INC.** 13096 Borden Ave Sylmar, CA 91342 Phone: (818) 433-4524 Fax: (818) 452-5011 <u>E-mail: tricityhospiceinc@gmail.com</u>

**EMERGENCY PLAN** 

Patient Name	MR #
Diagnosis	
Allergies	
In case of a Medical Emergenc	y:
1. Contact the hospic The patient's phys	e: TRI CITY HOSPICE INC. at (818) 433-4524 ician should be telephoned immediately.
Physician's Name:	
Phone Number:	
Close relatives or frie	nds:
Name	
Relationship	Phone
Name	
Relationship	Phone
Name Relationship	
	Phone
4. Pharmacy	Phone #
5. DME	Phone #
	(Return to Office)
SIGNATURE:	DATE:
HOSPICE REPRESENTATIVE:	