

# MEDISCAN.nz<sup>©</sup>

## *Medical Information Tag (M.I.T)*

Please fill in the form with any of the information you want embedded in the tag.

You are in control of what is written on your tag, so make sure it is correct.

You can download and fill out this form or ask your doctor to. Either fill it in by hand or use a PDF editor then email it to: [mediscan.nz@gmail.com](mailto:mediscan.nz@gmail.com)

Name: (Full)

Address:

Email:

Phone:

NHI:

Doctor:

ICE:(In case of emergency Ph Number)

Allergies:

Blood Group:\*

Medical Conditions:

Medication (breakfast):

Medication (lunch):

Medication (dinner):

Medication (bedtime):

Occasional Use: (supplements etc)

Additional Info:

I guarantee that this information was correct on the date supplied

Signed..... Dated.....

\* Optional (only if known)

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so please double check that it is correct.**