



FMA Alliance Medi-File Card Order Form

Print and submit to FMA Alliance

MEDI-FILE Card Facts

Medi-file cards demonstrate concern for the welfare of your patients

PURPOSE: A handy credit card-sized folder where patients can list all their medical information

DRUGS: Name of medicine, dosage, prescribing physician and dates

PRICE: Free for FMA and FMAA members

FEATURES: Place to record patient's name, phone number and Medicare Number
Place to record contacts
List patient's allergies

Please send me _____ packs Medi-file Cards (wrapped in 250 per pack)

Name of Organization _____

Contact name _____

Address _____

City/Zip _____

Phone () _____ E-mail _____

Questions? Email info@myfmaa.org

Send to:

Florida Medical Association Alliance, PO Box 1403, Land O Lakes, FL 34639

Email: info@myfmaa.org

Thank you for your participation