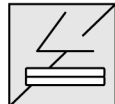


Emergency Fax

Call: 0 22 37 – 92 40- 660



I cannot hear



I cannot speak



I am disabled

Who is sending this fax?

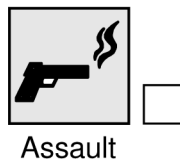
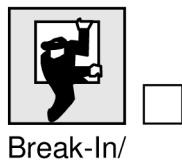
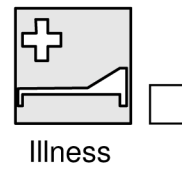
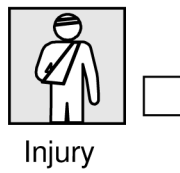
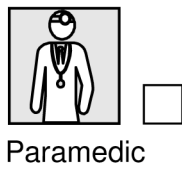
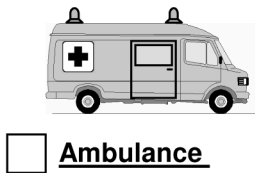
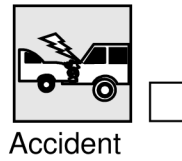
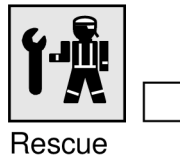
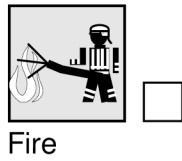
Name: _____ Your Fax Number: _____

Where do you need help?

Street Address: _____ Apt./Room No. _____ Floor: _____

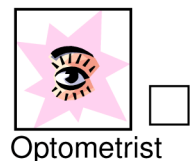
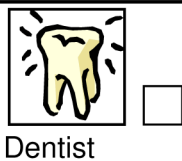
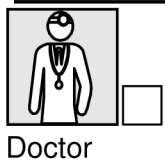
City or location _____

What kind of help?

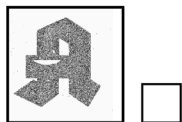


What is happening?

Please send me addresses and weekend hours for



Pharmacy in my local area:
City, County: _____



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: _____