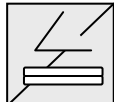


Emergency Fax

Fax: 0355 632 224



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: _____

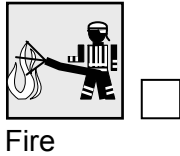
City or location _____

What kind of help?

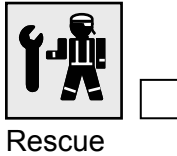
Was ist geschehen?



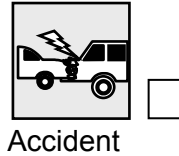
☐ **Fire Department**



Fire ☐



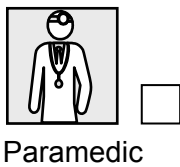
Rescue ☐



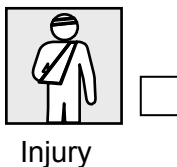
Accident ☐



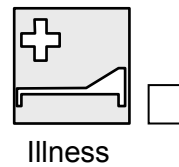
☐ **Ambulance**



Paramedic ☐



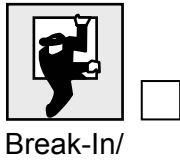
Injury ☐



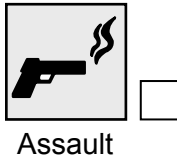
Illness ☐



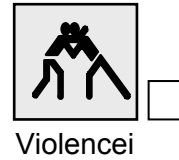
☐ **Police**



Break-In/ ☐

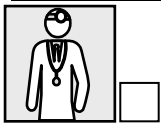


Assault ☐

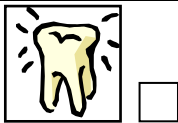


Violence ☐

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



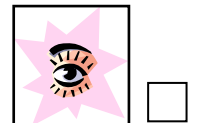
Doctor ☐



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: _____