


Please provide the details of any of your friends		
Name: ABHISHEK KATHULA	Location: KARIMNAGAR	Profession: BANK EMPLOYEE
Home Phone:	Work Phone:	Cellular Phone: 9963772122
Name: NIKHIL GANDRA	Location: KARIMNAGAR	Profession: BUSINESS
Home Phone:	Work Phone:	Cellular Phone: 8074252871
Name: RAHUL DAMA	Location: HYDERABAD	Profession: IT EMPLOYEE
Home Phone:	Work Phone:	Cellular Phone: 7396625355
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SWAPNA BOINIPALLY	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 9866850369
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 	Date Signed: 18-08-2022	