

Medical Emergency Card

My name is:

**I am using apomorphine for the treatment
of Parkinson's disease**

My prescription is:

- Apomine Intermittent**
- Apomine Solution for Infusion**

My dose is:

Apomine[®]

apomorphine hydrochloride hemihydrate

Emergency contact

Specialist name

Pharmacy

Emergency phone

Specialist phone

Phone

Fax

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