



1. PRINT & FILL OUT or FILL OUT & PRINT
2. CUT OUT
3. CARRY WITH YOU

<p>Use this patient ID card to alert doctors and nurses about your condition.</p>	
	<p>I am a person living with a rare disease known as generalized pustular psoriasis (GPP).</p>
<p>GPP symptoms can be extremely challenging—even life-threatening if left untreated. In the event of an emergency, please dial 911, then notify my dermatologist.</p>	
<p>My Name:</p> <p>Date of Birth:</p> <p>Dermatologist:</p> <p>Dermatologist's Phone Number:</p> <p>Current Medications:</p> <p>Flare Triggers (if known):</p>	
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