

**Hospital in charge of treating:**

Name:  
Address:

Phone:  
Doctor:

**GP:**

Name:  
Address:

Phone:

**Next of kin:**

Name:  
Address:

Phone:

**Myastenigruppen**

The Danish  
Myasthenia Gravis  
Association

A part of

**Muskelsvindfonden**  
**Kongsvang Alle 23**  
**DK - 8000 Århus C**  
**Phone:+45 8948 2222**



**Muskelsvindfonden**

The holder of this card suffers from:  
**MYASTHENIA GRAVIS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Postcode/Town

\_\_\_\_\_  
Country

\_\_\_\_\_  
CPR

**Print side 1** på karton eller kraftigt papir –  
printeren fortæller måske at der er tekst  
uden for udskriftsområde, print alligevel  
**Print side 2** på den anden side af papiret  
Klip efter den vandrette streg og  
**fold kortet** efter hjælpelinierne



**Myasthenia Gravis** is an illness, which causes reduced strength in the muscles

**Symptoms** may be:

Double vision  
Drooping eyelids  
Difficulty in speaking  
chewing and  
swallowing  
Reduced cough ability  
Breathing trouble  
Weak muscles – mostly  
neck, shoulders and hips.

**Medical treatment:**

**Special precautions:**

Some types of medicine may worsen the illness. By Myasthenia Gravis **do not** use, or be careful with the following medicines:

Aminoglycosides  
Barbiturates  
Benzodiazepine  
Mebroamat  
Opiates/morfika  
Neuroleptica  
Polymyxins  
Sulfonamide  
Suxameton  
Tetracycline  
Zopiclone