Sjoegren-Forum.ch **Emergency Pass** for Sjögren's patients	**Name/First name:** …… **Address:** …… …… …… This person suffers from Sjoegren's syndrome. A special treatment is necessary!	**Name/Address/Tel. GP:** **Remarks:**
Sjoegren's syndrome is an **autoimmune disease** with very different Appearance. **Regular care** is important for all patients of the eyes and mucous membranes with **moisture**.	**Blood group:** …… **Medication:** Name: Dose: …… …… …… …… …… ……	**To be contacted in case of emergency:** Prof. Dr. med. **Stephan Gadola** Chefarzt der Rheumatologie und Schmerzmedizin Bethedsa Klinik Gellertstrasse 144 4052 Basel Tel. +41 61 315 23 20 Prof. Dr. med. **Peter Villiger** Rheumatologie und Klinische Immunologie Medizinisches Zentrum Monbijou (MZM) Monbijoustrasse 10 3011 Bern Tel. +41 31 381 65 11