

PACEMAKER IDENTIFICATION - WALLET CARD

Cut this card out and keep in your wallet for use when you are traveling or away from home.



PACEMAKER IDENTIFICATION CARD

Name _____
Address _____
City _____ State _____ Zip code _____
Phone _____ Blood Type _____

I'm wearing a pacemaker. In an emergency, contact...

fold

Doctor _____
Phone _____
Address _____
City _____ State _____ Zip code _____
Hospital _____
Hospital Phone _____
Hospital Address _____
City _____ State _____ Zip code _____

fold

Type of pacemaker _____
Type of leads _____
Manufacturer _____
Date of implant _____
Paced rate _____
Model _____
Serial Number _____