

IMPLANTED CARDIOVERTER DEFIBRILLATOR (ICD) IDENTIFICATION - WALLE CARD

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



ICD IDENTIFICATION CARD

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

I'm wearing an Implanted Cardioverter Defibrillator (ICD).
In an _____

()'C

Doctor _____

Phone _____

Address _____

City _____ State _____ Zip code _____

Hospital _____

Hospital Phone _____

Hospital Address _____

City _____ State _____ Zip code _____

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Type of ICD _____

Type of leads _____

Manufacturer _____

Date of implan. _____

Paced rate _____

Model _____

Serial Number _____