

PACEMAKER IDENTIFICATION – WALLET CARD



American
Heart
Association.

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



American
Heart
Association.

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 _____