

IMPLANTED CARDIOVERTER DEFIBRILLATOR (ICD) 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.

ICD IDENTIFICATION CARD

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

I'm wearing an Implanted Cardioverter Defibrillator (ICD).
In an emergency, please contact...

fold

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

fold

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