



Wallet Card

Type or write your information below. Print and cut along the dotted lines. Fold in half and keep this card with you at all times.

My AFib management	My AFib management
<p>My treatment plan includes anticoagulant (blood thinner) treatment with:</p> <p>_____</p> <p>(Type/write name of medicine here)</p>	<p>Emergency contact name: _____</p> <p>Emergency contact number: _____</p> <p>_____</p> <p>Healthcare Provider office name: _____</p> <p>Healthcare Provider office number: _____</p> <p>_____</p>
<p>For Medical Staff: This patient is on an anticoagulant. In an emergency situation, a reversal agent may be available.</p>	<p>Pharmacy name: _____</p> <p>Pharmacy number: _____</p>

PC-AFIB-0134-CONS

Visit AFib4WARD.com for more information.