# Medical Alert Warfarin Patient

#### Name:\_\_\_\_\_



Keep this card with you at all times.

## Medical Alert Warfarin Patient

#### Name:\_\_\_\_

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Date of Birth:	Date of Birth:
Allergies:	Allergies:
Medical	Medical
Conditions:	Conditions:
INR Goal:	INR Goal:
Doctor / Phone:	<b>Doctor / Phone</b> :
Emergency Contact / Phone:	Emergency Contact / Phone:
Date of Birth:	Date of Birth:
Allergies:	
Medical	Medical
Conditions:	
INR Goal:	INR Goal:
Doctor / Phone:	Doctor / Phone:
Emergency Contact / Phone:	Emergency Contact / Phone:
Date of Birth:	Date of Birth:
Allergies:	Allergies:
Medical Conditions:	Medical
INR Goal:	INR Goal:
Doctor / Phone:	Doctor / Phone:
Emergency Contact / Phone:	Emergency Contact / Phone:
Date of Birth:	Date of Birth:
Allergies:	Allergies:
Medical	Medical
Conditions:	Conditions:
INR Goal:	INR Goal:
Doctor / Phone:	Doctor / Phone:
Emergency Contact / Phone:	Emergency Contact / Phone:
Date of Birth:	
Allergies:	
Medical	Medical
Conditions:	
INR Goal:	INR Goal:
Doctor / Phone:	Doctor / Phone:
//	/
Emergency Contact / Phone:	Emergency Contact / Phone: