



Pacemaker Identification Card

Name _____

Address _____

City _____ State _____

Phone _____ Blood Type _____

Fold

I'm wearing a pacemaker. In an emergency, contact...

Fold

Doctor _____

Phone _____

Address _____

City _____ State _____

Type of pacemaker _____

Type of leads _____

Manufacturer _____

Date of implant _____

Hospital _____

Fold

Fold

Phone _____

Address _____

City _____ State _____

Paced rate _____

Model _____

Serial Number _____

