

Medical Identification Card

I am taking Warfarin Sodium Tablets.
Please provide the information below
to anyone providing me medical care.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Date of Birth: _____ Weight: _____

Blood Type: _____

Medical Conditions: _____

Doctor's Name: _____

Phone: _____

In case of emergency, please contact:

Relationship: _____

Phone: _____