

# IMPLANTED CARDIOVERTER DEFIBRILLATOR (ICD) IDENTIFICATION - WALLET CARD

Cut this card out and keep in your wallet for use when you are traveling or away from home.



## 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 \_\_\_\_\_

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