Medical Alert
Warfarin Patient

Name:_____

ARIZONA CERT
www.azcert.org

Keep this card with you at all times.

Date of Birth:_____

Allergies:_____
Medical Conditions:_____

INR Goal: _____

Doctor / Phone:
_____/_____

Emergency Contact / Phone:
_____/_____

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Allergies:_____
Medical Conditions:_____

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_____/_____

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