緊急時用・患者カード（英語）

Patient Card (for emergency)

Name: _____ Blood type: _____

Birthday: _____ Tel: _____

Disease: _____

Deficient factor: _____ Factor level: _____ %

Inhibitor presence: ☐ Yes ☐ No Allergy: ☐ Yes ☐ No

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Medical Facility Contact in Case of Emergency and Medications Used

Name of Medical Facility: _____ Tel: _____

Name of Treating Physician: _____

Medications Used: _____ Dosage: _____ Units mg

Patient with Hemophilia

- I require coagulation factor concentrate if I am struck in the head or if bleeding doesn't stop.
- Please do not administer any medicine containing acetylsalicylic acid (aspirin).
- Avoid subcutaneous injection/intramuscular injection without transfusion of coagulation factor concentrate.