

# 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

**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.

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