

Pacemaker ID										Pacemaker ID									
Name:										Name:									
Phone:										Phone:									
Address:										Address:									
Blood Type:										Blood Type:									
Doctor:										Doctor:									
Phone:										Phone:									
Hospital:										Hospital:									
Address:										Address:									
Phone:										Phone:									
Pacemaker Information										Pacemaker Information									
Pacemaker Type:										Pacemaker Type:									
Leads Type:										Leads Type:									
Model:										Model:									
Serial #:										Serial #:									
Manufacturer:										Manufacturer:									
Pace Rate:										Pace Rate:									
Implant Date:										Implant Date:									
Bypass <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quad <input type="checkbox"/>										Bypass <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quad <input type="checkbox"/>									
Date(s) of Surgery:										Date(s) of Surgery:									

[Cut along the thick vertical line. Fold along the dotted line and tape together. Keep in wallet.]

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