

# Anticoagulant Alert Card

**This patient is taking anticoagulant therapy**

This card should be carried at all times and shown to healthcare professionals

**Name of patient:**

**Address:**

**Postcode:**

**Telephone:**

**Name of next of kin:**

**Hospital number:**

**Date of birth:**

# Details of anticoagulant therapy:

Name of anticoagulant:

Indication for treatment:

Therapeutic range (INR):

Treatment started:

Duration of treatment:

Name and address of anticoagulant clinic:

Telephone number of clinic: