

Examples SOS card



MEDICAL ALERT

Medical Conditions: _____

Allergies: _____

Medications: _____

Blood Type: _____ Contact Lenses: Y N Pregnant: Y N Due: _____

CONTACT INFORMATION

PERSONAL IDENTIFICATION

Name _____ ☎ _____
Address _____

EMERGENCY CONTACTS

Name _____ ☎ _____
Name _____ ☎ _____
Doctor _____ ☎ _____
Hospital _____ ☎ _____
Insurance: _____ Policy # _____

This person: _____

MRN: _____

Date of birth: _____

has a severe bleeding disorder. If he / she presents at your hospital the Triage Nurse or Doctor must immediately contact the H&H Ward in St. James's Hospital in Dublin on 01 410 3129, and appropriate treatment must be given within 30 minutes. (After 5pm and on weekends, please call 01 410 3132.)

Severe Bleeding Disorder Alert Card

ST. JAMES'S
HOSPITAL
James's St. Dublin 8, Ireland.



s.o.s.

Erasmus MC
University Medical Center Rotterdam

Erasmus

In case of emergency please contact the Hemophilia Treatment Center

For adults: attending hematologist
During office hours tel.: +31(0)10 70 40 113
Outside office hours tel.: +31(0)10 70 40 704

For children: attending pediatric hematologist
During office hours tel.: +31(0)6 129 45 960
Outside office hours tel.: +31(0)10 70 40 704

Erasmus MC
Hemophilia Treatment Center Rotterdam, The Netherlands