

Physician signature:

A EMERGENCY MEDICAL CARD

I have hereditary angioedema (HAE). Symptoms include episodes of abdominal swelling; pain; and/or swelling in the hands, feet, face, and airway. In the case of airway obstruction, prompt treatment is required.

Treatment instructions:		

PATIENT IDENTIFICATION

Patient name:	
Emergency contact:	
Emergency contact phone:	
Doctor's name:	
Doctor's phone:	
Hospital:	

