



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:

Physician signature: _____

PATIENT IDENTIFICATION

Patient name:

Emergency contact:

Emergency contact phone:

Doctor's name:

Doctor's phone:

Hospital:



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