

# Direct Oral Anticoagulant Alert Card



**This patient is taking anticoagulant therapy**

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

**Name:**

**Address:**

**Postcode:**

**Telephone:**

**CHI Number:**

**Emergency contact:**

## Details of anticoagulant therapy:

Name of anticoagulant:

Dose:

Condition being treated:

Date treatment started:

Duration of treatment:

GP contact details: