

Hemophilia Treatment Centre Contact Information



How to use this card

Hemophilia specialist/nurse:

Please fill out card to allow other healthcare providers to contact you for hemophilia-related information prior to your patient's medical/dental procedures.

Ask your patient to share this card with his/her healthcare providers. e.g. dentist, hygienist, surgeon and physiotherapist

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Connected in Care

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Dear Healthcare Professional,

My name is: _____



I have hemophilia, type: _____

My Hemophilia Treatment Centre: _____

(contact:) _____

(tel:) _____

(fax:) _____

**Please contact my treatment
centre for important information
before conducting any medical
or dental procedure.**