

Preventing Infective Endocarditis



January 2021

I Have a heart condition increasing my risk of infective endocarditis

Name: _____

DOB: _____

NHS Number: _____

Heart Condition: _____

Valve Type: _____
(if applicable)

Pacemaker

Implant Date: _____

(if applicable)

Cardiac Doctor:

Hospital: _____

Contact: _____

Any other information:

Please carry this card with you and show it to your doctor or dentist BEFORE treatment is started.