



## VASCERN EMERGENCY CARD: MARFAN SYNDROME (MFS)

PATIENT FIRST NAME & SURNAME: .....

DATE OF BIRTH: ...../...../.....

**DUE TO THIS CONDITION, THERE IS AN INCREASED RISK OF:**

- **AORTIC ANEURYSM/DISSECTION/RUPTURE**
- **PNEUMOTHORAX**
- **LENS DISLOCATION, RETINAL DETACHMENT**
- **INGUINAL HERNIA**

### IN CASE OF EMERGENCY NOTIFY

NAME:..... TEL:.....  spouse  child  friend  caregiver  Other

### ESSENTIAL PATIENT INFORMATION

Aortic dissection:  type A  type B

Valvular surgery  Aortic  Mitral

Ophthalmological:  Lens dislocation)  Retinal detachment

Contrast Allergy

Anticoagulant  Name:..... INR range:.....