

<<Insert Hospital Logo>>

To:  
Address:

Birth Date:  
Hospital ID#:

Date:

Dear:

During your recent hospital visit , it was found if you should need a blood transfusion in the future, additional information would be helpful for your doctor to know. According to our hospital protocol it has been determined you are a candidate to receive

Please find attached with this letter, a fact sheet that provides additional information for this particular need.

Also enclosed is a wallet card detailing your special blood requirements. In future, whenever you visit a hospital for treatment, please ask your nurse / physician to review it and forward the information on the card to the facility's Blood Transfusion Laboratory (Blood Bank) should a blood transfusion be considered. It is possible that protocols may differ between hospitals but this information will provide your doctor with useful background and contact information.

It is also recommended that you consider registering with a medical alert provider such as Medic Alert®Canada (or equivalent). Medic Alert® Canada is a universally recognized organization that provides first responders and emergency medical personnel with important medical information on your behalf. Please visit [www.medicalert.ca](http://www.medicalert.ca) to register.

It would also be helpful to discuss this information with your family physician so that they are aware and can add to your health record.

If you have any questions or concerns, please do not hesitate to contact us using the information below.

Sincerely,

CONTACT INFORMATION

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