

Wallet Card



Print, cut, and fold this card for your wallet. Fill in all of your information and keep it in your wallet for easy access to all of your information.

NOTICE: I HAVE AN ADVANCE DIRECTIVE	COPY OF MY ADVANCE DIRECTIVE
My Name: _____	Location: _____
MY HEALTHCARE AGENT #1	I have a portable DNR: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Phone #: _____	I have a MOST form: <input type="checkbox"/> Yes <input type="checkbox"/> No
MY HEALTHCARE AGENT #2	MY DOCTOR
Name: _____ Phone #: _____	Name: _____ Phone #: _____
Organ Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____ Date: ____ / ____ / ____