

Healthcare Wallet Cards

Cut out and complete the cards below. Fold the cards in half and put one card in your wallet or purse, along with your driver's license or health insurance card. You may keep the other cards on your refrigerator, in your vehicle glove compartment, take a picture of it with your phone, or put it in another easy-to-find place.

Attn: Healthcare Providers

My name is _____

I have created the following healthcare documents (check one or more, as appropriate)

____ Advance Directives document for my general healthcare and treatment

____ Advance Directives document for my mental healthcare and treatment

____ Healthcare power of attorney

____ Other: _____

_____ (FOLD HERE) _____

My address and phone number are:

Contact: _____

Phone number: _____

Contact: _____

Phone number: _____

Phone number: _____

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