

Wallet Cards

Cut out and complete the cards below. Fold the cards in half and put one card in the wallet or purse you carry most often, along with your driver's license or health insurance card. You may keep the other cards on your refrigerator, in your motor vehicle glove compartment, in a spare wallet or purse, or in another easy-to-find place.

Attn: Healthcare Providers

My name is _____

I have created the following Advance Directives:
(Check one or more, as appropriate)

____ Advance Directives document for my
General Healthcare and Treatment

____ Advance Directives document for my
Mental Healthcare and Treatment

____ Other: _____

_____ (FOLD HERE) _____

Please Contact: _____
(Name)

at _____ for more information.
(Telephone)

(Signature) *(Date)*

Attn: Healthcare Providers

My name is _____

I have created the following Advance Directives:
(Check one or more, as appropriate)

____ Advance Directives document for my
General Healthcare and Treatment

____ Advance Directives document for my
Mental Healthcare and Treatment

____ Other: _____

_____ (FOLD HERE) _____

Please Contact: _____
(Name)

at _____ for more information.
(Telephone)

(Signature) *(Date)*

Attn: Healthcare Providers

My name is _____

I have created the following Advance Directives:
(Check one or more, as appropriate)

____ Advance Directives document for my
General Healthcare and Treatment

____ Advance Directives document for my
Mental Healthcare and Treatment

____ Other: _____

_____ (FOLD HERE) _____

Please Contact: _____
(Name)

at _____ for more information.
(Telephone)

(Signature) *(Date)*

Attn: Healthcare Providers

My name is _____

I have created the following Advance Directives:
(Check one or more, as appropriate)

____ Advance Directives document for my
General Healthcare and Treatment

____ Advance Directives document for my
Mental Healthcare and Treatment

____ Other: _____

_____ (FOLD HERE) _____

Please Contact: _____
(Name)

at _____ for more information.
(Telephone)

(Signature) *(Date)*