



Wallet Card

NOTICE: I have an Advance Directive

Name: _____

My Patient Advocate: _____

My Patient Advocate's phone number: _____

A copy of my Advance Directive can be found at:

Specific instructions: _____

My physician's name: _____

My physician's phone number: _____

Signature/Date:

NOTICE: I have an Advance Directive

Name: _____

My Patient Advocate: _____

My Patient Advocate's phone number: _____

A copy of my Advance Directive can be found at:

Specific instructions: _____

My physician's name: _____

My physician's phone number: _____

Signature/Date:

*This **Wallet Card** template is the same size as a credit card.
Fill in your information, then photocopy this page, fold two-sided and tape or glue.*