





**MAKING CHOICES MICHIGAN**  
A strategic business unit of MIHIN

## Wallet Card

 <p><b>NOTICE: I have an Advance Directive</b></p> 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: _____
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*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.*