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	Attn: Healthcare Providers
My name is	My name is
have created the following Advance Directives: Check one or more, as appropriate)	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 General Healthcare and Treatment
Advance Directives document for my Mental Healthcare and Treatment Other:	Advance Directives document for myMental Healthcare and TreatmentOther:
(FOLD HERE)	(FOLD HERE)
Please Contact:	
(Name)	(Name)
at for more information.	at for more information.
(Telephone)	(Telephone)
(Signature) (Date)	(Signature) (Date)
	-, ,
Attn: Healthcare Providers	Attn: Healthcare Providers
My name is I have created the following Advance Directives:	
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	My name is I have created the following Advance Directives:
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	My name is
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	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
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)	My name is
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)	My name is
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