



## Wallet Card

<p><b>NOTICE: I have an Advance Directive</b></p> <p>Name: _____</p> <p>My Patient Advocate: _____</p> <p>My Patient Advocate's phone number: _____</p> <p>A copy of my Advance Directive can be found at: _____</p>	<p>Specific instructions: _____ _____ _____</p> <p>My physician's name: _____</p> <p>My physician's phone number: _____</p> <p>Signature/Date:</p>
--	--

<p><b>NOTICE: I have an Advance Directive</b></p> <p>Name: _____</p> <p>My Patient Advocate: _____</p> <p>My Patient Advocate's phone number: _____</p> <p>A copy of my Advance Directive can be found at: _____</p>	<p>Specific instructions: _____ _____ _____</p> <p>My physician's name: _____</p> <p>My physician's phone number: _____</p> <p>Signature/Date:</p>
--	--

*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.*