




# Wallet Card

## Share My Wishes

Once you complete your advance directive documents, you should share them with your health care agent, loved ones, physician, and hospital. If applicable, it is also important to share them with your nursing home or assisted living facility. Always remember to take a copy of your advance directive with you when you go to the hospital. It is important that everyone has an updated copy.

You may also fill out and carry a wallet card:

- **Print** this page and fill in wallet card.
- **Cut** the card out with scissors following the dashed line.
- **Fold** the card in half.
- **Store** the folded wallet card in your wallet, billfold, purse, or pouch that you carry with you daily.

ATTENTION HEALTH CARE PROVIDERS	Please Honor My Wishes
My Name _____	My Health Care Agent (identified on DPOAH) _____
My Birthdate _____	Best Phone # ( _____ ) _____
My Doctor _____ Doctor's Phone # _____ _____ ( _____ ) _____	My Advance Directive is on file at _____ _____
 <p data-bbox="337 1291 646 1325">AN INITIATIVE OF  Washington State Hospital Association    Washington State Medical Association</p>	