


WALLET CARD

Sharing 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 DATE OF BIRTH: / / _____ MY HEALTH CARE PROVIDER: _____ PROVIDER OFFICE PHONE: () _____	MY HEALTH CARE AGENT (named on DPOA-HC): _____ BEST PHONE: () _____ MY <input type="checkbox"/> ADVANCE DIRECTIVE <input type="checkbox"/> POLST CAN BE FOUND AT: _____

Clip and carry this wallet card with you to let others know you have a health care agent.

