



Wallet Card

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