

WALLET CARD

The card below may be used as a convenient method to inform others of your health care advance directives.

- Complete the card and cut it out.
- Place in your wallet or purse.
- You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

HEALTH CARE ADVANCE DIRECTIVES

I, _____
have created the following Advance Directives:

Living Will

Health Care Surrogate Designation

Organ Donation

Other (specify) _____

Signature _____ Date _____

----- FOLD -----

My Healthcare Surrogate

Name _____

Address _____

Phone _____



Produced and distributed by the Florida Agency for Health Care Administration. This publication can be copied for public use. To view or print other publications from the Agency for Health Care Administration please visit www.FloridaHealthFinder.gov.

WALLET CARD

ADVANCE HEALTH CARE PLANNING

MY WISHES



Your life. Our specialty.

www.FloridaMedicalClinic.com