



End of life planning
for the expected
and unexpected.



1. Print Out
2. Fill Out
3. Cut Out and Fold
4. Place in your wallet and anywhere else you want people to know who is in charge if you can't communicate for yourself, and what you do or do not want in terms of emergency care.

EMERGENCY CONTACT CARD

My Name: _____

Date of Birth: _____

Health Care Provider: _____

Provider Phone: _____

Preferred Hospital: _____

Health Care Agent: (DPOA for Health Care)
Agent Phone: _____

Advance Directive and/or POLST Found at: _____

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