

Please fill out and cut and place in wallet or purse

<p>IMPORTANT NOTICE TO MEDICAL PERSONNEL: I have an Advanced Care Plan</p> <hr/> <p>Signature</p> <p>Please consult this document and/or my family In case of an emergency.</p> <hr/> <p>Name of Person to Contact</p> <hr/> <p>Address</p> <hr/> <p>Phone</p>	<p>My Primary care physician is:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>Phone</p> <hr/> <p>My Advance Care Plan is located at:</p>
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