

Wallet Card

H.E.L.P.

Healthcare and Elder Law Programs

We offer the following wallet card as a way to help the medical team know who to contact if you are unable to speak for yourself.

Print out this page, cut out and complete the card, and put it with your driver's license or other identification in your wallet.

IMPORTANT NOTICE TO MEDICAL PERSONNEL	
I, _____,	
have executed a Power of Attorney for Health Care. My agents are:	
Name	Telephone
1: _____	() _____
2: _____	() _____
3: _____	() _____

IMPORTANT NOTICE TO MEDICAL PERSONNEL	
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