# DNR Comfort Care Wallet Identification Card

**DNR COMFORT CARE**

❏ DNR Comfort Care        ❏ DNR Comfort Care Arrest

Name_____

Birthdate_____        Gender ❏ M        ❏ F

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Physician name_____

Physician phone_____

Other emergency phone_____

The person named on the front of this card may revoke
DNR Comfort Care status by destroying this card.