

3701-62-04

DNR Comfort Care Wallet Identification Card

	
<input type="checkbox"/> DNR Comfort Care	<input type="checkbox"/> DNR Comfort Care Arrest
Name _____	
Birthdate _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	

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.