

DNR Comfort Care Wallet Identification Card

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|---|--|
|  | DNR COMFORT CARE |
| <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.