

DNR Comfort Care Wallet Identification Card

	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.