

Speak Up

End-of-Life
Planning

IMPORTANT MEDICAL INFORMATION ON REVERSE SIDE

In Case of Medical Emergency

I have a Substitute Decision Maker who can speak for me
if I am unable to communicate my wishes regarding medical care:

My Substitute Decision Maker: _____

Phone Number: _____

Alternative Phone Number: _____

Relationship to me: _____

Signature: _____ Date: _____

www.themedquarter.com/speakup

Speak Up

End-of-Life
Planning

IMPORTANT MEDICAL INFORMATION ON REVERSE SIDE

In Case of Medical Emergency

I have a Substitute Decision Maker who can speak for me
if I am unable to communicate my wishes regarding medical care:

My Substitute Decision Maker: _____

Phone Number: _____

Alternative Phone Number: _____

Relationship to me: _____

Signature: _____ Date: _____

www.themedquarter.com/speakup

Speak Up

End-of-Life
Planning

IMPORTANT MEDICAL INFORMATION ON REVERSE SIDE

In Case of Medical Emergency

I have a Substitute Decision Maker who can speak for me
if I am unable to communicate my wishes regarding medical care:

My Substitute Decision Maker: _____

Phone Number: _____

Alternative Phone Number: _____

Relationship to me: _____

Signature: _____ Date: _____

www.themedquarter.com/speakup