

## EMERGENCY WALLET CARD

Since you may not want to take your Advance Directive with you wherever you go, Canterbury Crest has printed wallet-sized cards that you can fill out and carry in a purse or wallet. Paramedics and other emergency response personnel are trained to look for such information to guide them in assisting people.

Both sides of the card are shown below. Please read it carefully.

**THIS CARD REQUESTS NO MEDICAL TREATMENT BEYOND EMERGENCY FIRST AID.** If this is not consistent with your desires and the provisions of your Advance Directive, you should NOT use this card. You might consider preparing something similar that reflects your own desires.

If you determine that this card does meet your needs and desires, we would be happy to mail one or more copies to you. Just call us at 503-464-6740.

**My Advance Healthcare Directive**

I am a member of the Church of Christ, Scientist. In case of emergency, it is my express desire to receive Christian Science treatment. I do not wish to receive medical treatment beyond emergency first aid. Please contact a Christian Science practitioner and a Christian Science nurse.

Signature: \_\_\_\_\_

**Christian Science Practitioners and/or emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Canterbury Crest Nursing Services: 503 639-7661 (Portland, OR metro area)

**My Advance Healthcare Directive**

Name: \_\_\_\_\_

I have completed the following form(s):

- Advance Directive
- Power of Attorney for Health Care
- Directive to Physicians

I have given a copy of my forms to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My health care representative (POA) is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_