

FRONT

BACK

Cut along dashed line



In Case of Medical Emergency

Please contact the following person who can make decisions about my care if I cannot make them myself:

Name:

Telephone:

Email:

In Case of Medical Emergency

My personal directive is stored:

The following people have a copy of my personal directive

Name:

Telephone:

Name:

Telephone:

Fold on dotted line

Personal Directive wallet card from
Legal Information Society of Nova Scotia