





MIND YOUR LOVED ONES APP WALLET CARDS

Instructions for Wallet Card

- Complete the information on the front and back of the card.
- Cut out card (outer edges) and fold along the center line. If you wish, you can laminate the card.
- Fold and place in your wallet behind your driver's license, insurance card, or ID.





For iPhone and Android Smartphone Users

The wallet card tells a hospital and physician you have a digital version of your advance medical directive documents on your smartphone (Android or iPhone). One click on the icon and a hospital or physician can view, e-mail, and print out your advance care plan.

<div>    </div> <p>My Advance Care Plan Documents are on my smartphone. You have my permission to view, e-mail, Fax, and print these documents using the applicable unlock codes below.</p> <p>My Signature: _____</p> <p>My Name: _____</p> <div>  <p>Phone Code: _____</p> </div> <p>On your phone, you will see the MYLO app. Open the app and tap on my profile. Then tap on the section labeled Advance Directives and Documents. Tap on the applicable document then proceed to tap on the green circle on the bottom right corner to access the document.</p>	<p>My Primary Proxy: _____</p> <p>Phone: _____</p> <p>My Secondary Proxy: _____</p> <p>Phone: _____</p> <p>My Primary Care Physician: _____</p> <p>Phone: _____</p> <p>Hard Copy Location: _____</p>
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For NON-Smartphone Users

This wallet card is important, even if you don't have a smartphone. It tells a hospital and/or physician you have a proxy who has your advance medical directive documents stored on his/her smartphone (Android or iPhone). One telephone call to your proxy from the hospital and/or physician and your advance care plan documents can be immediately made available by e-mail for viewing, e-mail forwarding, and printing.

<div>    </div> <p>My Advance Care Plan Documents are on my proxy's smartphone.</p> <p>My Signature: _____</p> <p>My Name: _____</p> <div>  <p>My Primary Proxy: _____</p> <p>Phone: _____</p> </div>	<p>My Secondary Proxy: _____</p> <p>Phone: _____</p> <p>My Primary Care Physician: _____</p> <p>Phone: _____</p> <p>Hard Copy Location: _____</p>
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