

ACTION: Final

EXISTING  
Appendix  
3701-62-04

DATE: 08/29/2025 2:34 PM

3701-62-04

**DNR Comfort Care Wallet Identification Card**

		<b>DNR</b>	
		<b>COMFORT CARE</b>	
<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.