



DAHL FISCHER

YOUR PARTNER IN LAW

IN CASE OF EMERGENCY

Name: _____

Date of Birth: _____

Spouse: _____

Children: _____

Please contact the following people in the event of an emergency:

Name	Address	Phone Number	Relationship

In case of emergency and I am still alive, but incapacitated, I have a:

- Living will
- Medical Power of Attorney
- Financial Power of Attorney
- HIPPA Release
- DNR

Medical Information

Blood Type is:

Medical Conditions:

Medications/Dosages:

Allergies:

Primary Care Physician: _____

Insurance Carrier: _____

Advisors

Attorney: _____

Accountant: _____

Tax Preparer: _____

Financial Advisor: _____

Other: _____

List of things to be taken care of if I am temporarily unable to:

My important documents are located: _____

_____, (Name) has copies and can be reached at:
_____ (Phone number/email).

- Keep a copy of your drivers license, all credit cards and yearly statements with your estate planning documents, in a secured location, that is not your safety deposit box.
- No information contained on this form is to be construed as legally binding, it is merely for educational purposes only. If you have any questions regarding your estate plan, please contact our office for a consultation. 303.758.7700