

My Health Care Team

Write down the contact numbers for the members of your health care team. Cut out and keep this card in your wallet.

Provider Contact Information Wallet Card
(cut around dotted line and fold in half)

Fold line

| Provider Contact Information | Name | Address | Phone |
|---|-------------|----------------|--------------|
| Primary Care Physician/Nurse/Clinic: | | | |
| Diabetes Doctor/Nurse/Clinic: | | | |
| Diabetes Nurse/Care Specialist: | | | |
| Registered Dietitian (RD): | | | |
| Podiatrist (Foot Doctor): | | | |
| Ophthalmologist (Eye Doctor): | | | |
| Other Provider: | | | |

Fold line