





### This Patient is at Risk for Difficult Urinary Catheter Insertion



Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Hospital name: \_\_\_\_\_

Hospital phone number: \_\_\_\_\_

Share this card with your health care provider the next time you are hospitalized or have surgery.



For more information about SUCCESS, scan this QR code. To receive more blank copies of these cards, please contact Jessica Ameling at [jameling@umich.edu](mailto:jameling@umich.edu).



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