

Health Care Advance Directives

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

Health Care Advance Directives	Contact Information:
I, _____ have created the following Advance Directives: <input type="radio"/> Living Will <input type="radio"/> Health Care Surrogate Designation <input type="radio"/> Anatomical Donation <input type="radio"/> Other (<i>specify</i>) _____ _____	Name _____ Address _____ Phone _____ Signature _____ Date _____

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