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

I, ____________________________________
have created the following Advance Directives:
○ Living Will
○ Health Care Surrogate Designation
○ Anatomical Donation
○ Other (specify) ______________________
____________________________________

Contact Information:

Name ______________________________
Address____________________________
Phone ______________________________
Signature __________________________
Date ________________________________

Need assistance? Please call 1-800-327-8613 (TTY 711)