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 always 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 Directive(s):

- ☐ Living Will
- ☐ Health Care Surrogate Designation
- ☐ Anatomical Donation
- ☐ Other (specify)_____

Contact:

Name: _____

Address: _____

_____

Phone: _____

Signature: _____

Date: _____

AHCA
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