

IT'S YOUR LIFE. IT'S YOUR CHOICE.



IN CASE OF MEDICAL EMERGENCY

I have an Advance Directive and a Representative who can speak for me, if I am unable to communicate my wishes for myself.

Location of Advance Directive: _____

Representative: _____

Relationship to Me: _____

Phone: _____

Alternate Representative: _____

Relationship to Me: _____

Phone: _____

Signature: _____ Date: _____