

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



IN CASE OF MEDICAL EMERGENCY

I have an Advance Health Care Directive and a Substitute Decision-Maker who can speak for me, if I am unable to communicate my wishes for myself.

Location of Advance Health Care Directive: _____

Substitute Decision-Maker: _____

Relationship to Me: _____

Phone: _____

Alternate Substitute Decision-Maker: _____

Relationship to Me: _____

Phone: _____

Signature: _____ Date: _____