

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



IN CASE OF MEDICAL EMERGENCY

I have a Health Care Directive and a Proxy who can speak for me, if I am unable to communicate my wishes for myself.

Location of Health Care Directive: _____

Proxy: _____

Relationship to Me: _____

Phone: _____

Alternate Proxy: _____

Relationship to Me: _____

Phone: _____

Signature: _____ Date: _____