


Wallet-sized Advance Directives Notification Card

This card lets healthcare workers know you have talked to your family about Advance Directives and provides them with contact names and numbers.

NOTICE TO HEALTH CARE PROVIDER	Copies of Health Care Advance Directives have been given to:
Name _____	_____ Phone
<input type="checkbox"/> I have a living will.	_____ Phone
<input type="checkbox"/> I have a power of attorney for health:	_____ Phone
Name _____	
Phone (work) _____	
(evening) _____	
	

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