

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



IN CASE OF MEDICAL EMERGENCY

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

Location of Advance Care Directive: _____

Attorney for Personal Care: _____

Relationship to Me: _____

Phone: _____

Alternate Attorney for Personal Care: _____

Relationship to Me: _____

Phone: _____

Signature: _____ Date: _____