

Advance Directive Notice

Print Name _____ Signature _____

I have a medical power of attorney I have an advance directive

I have talked with my family and doctor about the care I want. If i am unable to speak for myself, please contact:

Name _____ Number _____

(additional names on back)

Name _____ Number _____

Name _____ Number _____

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Health District
ADVANCE CARE PLANNING TEAM

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