

Advance Directive

Notification

- Yes, I have a Health Care Power of Attorney or an Advance Directive**

_____ (INITIAL)

- No, I don't have a Health Care Power of Attorney or an Advance Directive**

_____ (INITIAL)

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

1.

2.

_____ (SIGNATURE) _____ (DATE)