



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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