

**I have an advance directive:** Date of document: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date of birth: \_\_\_\_\_

**My advance directive is filed at:**

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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Making Choices®

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In Case of Emergency

In Case of Emergency

In Case of Emergency

In Case of Emergency

In Case of Emergency

**My healthcare agent is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My physician is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My healthcare agent is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My physician is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My healthcare agent is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My physician is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My healthcare agent is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My physician is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My healthcare agent is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**My physician is:**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_