

ADVANCE DIRECTIVES

“So They Will Know My Wishes”

I have created the following health care directives:

- Life Prolonging Procedures Declaration
- Living Will Declaration
- Out-of-Hospital Do No Resuscitate Declaration
- Physicians' Order for Scope of Treatment (POST)
- I Wish to be an Organ Donor

My Name

Phone #

Address

If I am unable to speak for myself, please contact:

My Physician

Phone #

My Health Care Representative

Phone #

Alternative Health Care Representative

Phone #



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