



fold



Advance Directive

NOTIFICATION

Print Name

Signature

☐ I have a health care power of attorney ☐ I have an advance directive

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

Name

Phone Number

Name

Phone Number

Name

Phone Number

Name

Phone Number



Your Life. Your Terms.

For more information visit:
www.acpnd.org