


# 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.

<b>NOTICE TO HEALTH CARE PROVIDER</b>	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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