

# 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.

<p><b>NOTICE TO HEALTH CARE PROVIDER</b></p> <p>Name _____</p> <p><input type="checkbox"/> I have a living will.</p> <p><input type="checkbox"/> I have a power of attorney for health:</p> <p>Name _____</p> <p>Phone (work) _____</p> <p>(evening) _____</p>	<p>Copies of Health Care Advance Directives have been given to:</p> <p>_____ Phone</p> <p>_____ Phone</p> <p>_____ Phone</p> <p><i>HealthInsight</i> a partnership for the future of health care</p>
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