



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

FOLD HERE

Name

Phone Number

Name

Phone Number

Name

Phone Number



Your Life. Your Terms.

For more information visit:
www.honoringchoicesnd.org