



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

Number

(Additional names on back)

Fold →

*For more information visit:
www.clyti.com/writing*

Your life. Your terms.

Name

Number

Name

Number

Name

Number