

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

Health Care Advance Directives	
I, _____ have created the following Advance Directives:	
<input type="checkbox"/>	Living Will
<input type="checkbox"/>	Health Care Surrogate Designation
<input type="checkbox"/>	Anatomical Donation
<input type="checkbox"/>	Other (specify) : _____
----- FOLD -----	
Contact:	
Name	_____
Address	_____ _____ _____
Phone	_____
Signature	_____ Date _____

Produced and distributed by the Florida Agency for Health Care Administration. This publication can be copied for public use or call our toll-free number 1-888-419-3456 for additional copies. To view or print other publications from the Agency for Health Care Administration please visit www.FloridaHealthStat.com.

Revised 12/04