

McLaren Print System Order

Order No: 55372 Reprint Previous Order No: 9477
 Order Date: 2020-07-14
 User: Dawn Ward
 Phone: 989-345-9970

Ship Location: McLaren Primary Care (Attn: Cheryl McFarland)
 2110 South M-76, Suite7
 West Branch, MI 48661,

Forms

Quantity: 4
 Paragon Dept No: 69200
 Dept Name: Primary Care West Branch
 Company Number: 810

Order Total Price: 120.00

Item Number: MHCC-10239 CARD
 Item Description: Health Care Agent Appointment (Medical Power of Attorney) Card
 Revision Date: 2/2015
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: Finish size: 8.5 x 11 inches; 65 lb cover; These forms have 100 forms in a package. Order the number of packages you would

Acceptance of Health Care Agent Role

I, _____, accept the role of Health Care Agent
 for _____ (the patient).

Signature _____ Date _____

I, _____, accept the role of next Health Care
 Agent _____ (the patient).

Signature _____ Date _____

MHCC-10239 Rev 2/15



Health Care Agent Appointment (Medical Power of Attorney)

I, _____, make this my Health Care Agent appointment (also called Medical
 Power of Attorney). I am of sound mind. If the time comes when I can no longer take part in decisions
 about my health, these instructions should be used to follow my wishes.

This Health Care Agent appointment is effective only if I am unable to make my own medical or mental
 health care decisions. It will remain in effect unless I cancel this appointment or my Health Care Agent
 wants to stop being my agent. I can cancel this appointment at any time and in any manner that
 states my wish. If a mental health decision must be made, there will be a 30-day delay after I state my
 wish to cancel the appointment.

Choose one Philosophy of Health Care

I believe as long as there is life there is hope. I want any and all treatments offered to me to
 continue my life. I am willing to accept the effects of all of treatment used. This may include life
 with a feeding tube, dialysis, or life on a breathing machine if I am unable to breathe on my
 own. I am willing to live in a constant vegetative state.

I am willing to undergo many tests, surgery, and short-term breathing machine treatment in an
 effort to continue my life. If the time should come when there is no reasonable hope of my
 recovery from physical disability or terminal illness, I request that I be allowed to die and not be
 kept alive by artificial means or "heroic measures."
 I ask that then medicine be given only to ease suffering even though this may allow my death to
 occur.

I do NOT want to undergo many tests, surgery, or short-term treatment on a breathing machine
 in an effort to continue my life. I only want basic medical care, such as treatment for infections
 and minor surgeries for a condition that can be helped or to control pain. If my condition gets
 worse or there is no hope for my recovery, I ask that medicine be given to ease suffering even
 though this may allow my death to occur.

Comfort is my main concern. I have received the news that my condition cannot be cured. I now
 choose only to be kept comfortable.

Other: I want the following care types of care:

Michigan Advance Health Care Directives

I have created the following Advance Directives:
 (Check one or more, as appropriate.)
 Durable Power of Attorney for Health Care
 Other _____

Please contact _____

 _____ for more information.

Wallet Cards for Michigan Advance Directives

Complete the cards and punch out. Put one card in your wallet or purse that you carry most often, along with your driver's license or health insurance card. Keep the second on your refrigerator, in your motor vehicle glove compartment, a spare wallet or purse, or any easy-to-find place.

Michigan Advance Health Care Directives

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 (Check one or more, as appropriate.)
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 Other _____

Please contact _____

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