

McLaren Print System Order

Order No: 6350
Order Date: 2014-10-08
User: Lisa Fogarty
Phone: 586-758-6263

Ship Location: McLaren Internal Medicine, Warren
28585 Schoenherr
Warren, MI 48088

Forms

Quantity: 100
Paragon Dept No: 71100
Dept Name: McLaren Internal Medicine, Warren
Company Number: 810

Order Total Price: 34.74

Item Number: MM-10239
Item Description: My Advance Directive
Revision Date:
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill:
Misc Info:



Introduction

This document expresses my preferences about my medical care if I cannot communicate my wishes or make my own health care decisions. I want my family, doctors, other healthcare providers, and anyone else concerned with my care to follow my wishes. For this reason, I give my patient advocate permission to share this document with doctors, hospitals, and health care providers that provide care to me. Likewise, health care providers with whom I have given this document may share it with other providers involved in my care. Any document created before this is no longer legal or valid.

My name: _____

My date of birth: _____

My address: _____

My telephone number: _____ My cell: _____

Date document completed: _____

MM-10239-1