

**McLaren Print System Order**

**Order No: 6458**  
**Order Date: 2014-10-14**  
**User: Deanna Parinello**  
**Phone: 586-294-5210**

**Ship Location: McLaren Lakeshore/ ATTN: DEANN**  
**33720 Harper Ave**  
**Clinton Twp., MI 48035**

**Forms**  
**Quantity: 100**  
**Paragon Dept No: 72650**  
**Dept Name: McLaren Lakeshore**  
**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: \_\_\_\_\_

MM10239 01/11/11