



# 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.cjti.com*

*Your life. Your terms.*

Name

Number

Name

Number

Name

Number