

McLaren Print System Order

Order No: 6519
Order Date: 2014-10-16
User: Angela DeLaRosa
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Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
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 01/11/14