

Business Products

McLaren Print System Order

Order No: 67860 Reprint Previous Order No: 9477 Order Date: 2022-02-22 User: Pamela Dietrich Phone: 810 953 6400

Ship Location: McIaren Flint Grand Blanc CMC 2313 E Hill Road Grand Blanc, MI 48439

Forms Quantity: 2 Paragon Dept No: 64050 Dept Name: 64050 Company Number: 810

Order Total Price: 60.00

the many into

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: Mise Info: Einish size: 8.5 x 11 inches: 65 lb cover: These forms have 100 forms in a

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 Bole	🖓 McLaren
L eccept the role of Health (Dave Agent HEALTH CARE
for(the patient).	Health Care Agent Appointment (Medical Power of Attorney)
SignatureDele	I
LAccept the role of next Health C Apant(the patient). SignatureDate	Care The inleadth 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 likeath Care Agent wants to stop being my agent. I can sensel this appointment at any lime and in any menner that states my waith. It is entratil health decision must be made, there will be a 30-day delay after I state my waith to cancel this appointment.
Signature Date	Choose one Philosophy of Health Care
	I believe as long as there is this 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 threatment used. The may include life with a fleeting these, dailysis, or life on a threatment mentione it I am unable to breathe on my own. I am willing to live in a constant vegetative state.
Alfanting Michigan Radih Fark Perioten 1 Anar containt for Malanting Relation/Clinic diver- dition of an array surgerprinter C Radik Present of Attorney for Headth Care C Other	1 am willing to undergo many leafs, surgery, and short-term lowerhing machine treatment in an effort to continue my life. If the time should come when there is no reasonable hope of my recovery time adjusted deabling or terminal times, I request that I be allowed to die and not be kept allow by artificial means or "terco measures." I ask that then medicine be given only to ease suffering even though this may allow my death its occur.
Please context Wallet Cards for Michigan Advance Directives	and minor supported for a condition that can be balled or in stoled sain. If my condition rate
Complete the same and one card in your weakly to link the second one card in your weakly to link any most offer, a sparse of the second (the taken your second offer, a sparse of the second (the taken you and the second (the second (th	or purse that
Please contact	