

## McLaren Print System Order

Order No: 69703 Reprint Previous Order No: 9477  
 Order Date: 2022-05-11  
 User: Kerry Zaske  
 Phone: 989-532-4100

Ship Location: McLaren Augres Family Medicine/ Attn. Kerry Zaske  
 401 E. Huron Rd.  
 AuGres, MI 48703

### Forms

Quantity: 1  
 Paragon Dept No: 69325  
 Dept Name: McLaren AuGres Family Medicine  
 Company Number: 810

Order Total Price: 30.00

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:  
 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 Role**

I, \_\_\_\_\_, accept the role of Health Care Agent  
 for \_\_\_\_\_ (the patient).

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, accept the role of next Health Care  
 Agent \_\_\_\_\_ (the patient).

Signature \_\_\_\_\_ Date \_\_\_\_\_

MHCC-10239 Rev. 2/15



**Health Care Agent Appointment (Medical Power of Attorney)**

I, \_\_\_\_\_, make this my Health Care Agent appointment (also called Medical  
 Power of Attorney). I am of sound mind. If the time comes when I can no longer take part in decisions  
 about my health, these instructions should be used to follow my wishes.

This Health 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 Health Care Agent  
 wants to stop being my agent. I can cancel this appointment at any time and in any manner that  
 states my wish. If a mental health decision must be made, there will be a 30-day delay after I state my  
 wish to cancel the appointment.

#### Choose one Philosophy of Health Care

- I believe as long as there is life 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 of treatment used. This may include life  
 with a feeding tube, dialysis, or life on a breathing machine if I am unable to breathe on my  
 own. I am willing to live in a constant vegetative state.
- I am willing to undergo many tests, surgery, and short-term breathing machine treatment in an  
 effort to continue my life. If the time should come when there is no reasonable hope of my  
 recovery from physical disability or terminal illness, I request that I be allowed to die and not be  
 kept alive by artificial means or "heroic measures."  
 I ask that then medicine be given only to ease suffering even though this may allow my death to  
 occur.
- I do NOT want to undergo many tests, surgery, or short-term treatment on a breathing machine  
 in an effort to continue my life. I only want basic medical care, such as treatment for infections  
 and minor surgeries for a condition that can be helped or to control pain. If my condition gets  
 worse or there is no hope for my recovery, I ask that medicine be given to ease suffering even  
 though this may allow my death to occur.
- Comfort is my main concern. I have received the news that my condition cannot be cured. I now  
 choose only to be kept comfortable.
- Other: I want the following care types of care:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Michigan Advance Health Care Directives**

I have created the following Advance Directives:  
 (Check one or more, as appropriate.)  
 Durable Power of Attorney for Health Care  
 Other \_\_\_\_\_

Please contact \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ for more information.  
 \_\_\_\_\_  
 \_\_\_\_\_

### Wallet Cards for Michigan Advance Directives

Complete the cards and punch out. Put  
 one card in your wallet or purse that  
 you carry most often, along with your  
 driver's license or health insurance  
 card. Keep the second on your  
 refrigerator, in your motor vehicle glove  
 compartment, a spare wallet or purse,  
 or any easy-to-find place.

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 Other \_\_\_\_\_

Please contact \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ for more information.  
 \_\_\_\_\_  
 \_\_\_\_\_