

McLaren Print System Order

Order No: 84640 Order Date: 2024-04-17 User: Amber Kleekamp Phone: 9895519951

Ship Location: McLaren Thumb Elkton Clinic 6 N Main Street Elkton, MI 48731

Forms Quantity: 5 Paragon Dept No: 54602 Dept Name: McLaren Thumb Elkton Clinic Company Number: 530

Order Total Price: 150.00

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: Poster: 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 like.

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Signature	Dete:
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	(the patient).
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Wallet Cards for Michigan Advance Directives

Complete the sente and punch out. Put one card in your wallet or punse that you sarry most often, along with your driver's locance or health moustnose card. Xiesg the second on your refligerator, in your motor vehicle glove compartment, a spare wallet or pusse, or any easy-to-find place.



HEALTH CARE

Health Care Agent Appointment (Medical Power of Attorney)

This Health Care Agent appointment is effective only if I am unable to make my own medical or mantal 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 sancel this appointment at any time and in any manner that states my waith. It is mential health decision must be made, there will be a 30-day delay after if state my waith to cancel this 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. The may include life with a feeding tube, dailyas, or life on a breathing machine II am unable to breathe on my own. I am willing to live in a content vegetative shale.

- I am willing to undergo many tests, surgery, and short term treating 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 deablidity or terminal lifess. I request that I be allowed to de and not be kept allow by artificial means or "heror measures." I ask that then medicine the given only to ease suffering even though this may allow my death to recover.
- I do NOT want to undergo many tests, surgary, 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 surgaries for a condition/thel can be helped or to control pain. If my condition-gets worke or theme is on thege for my recovery; i ask that medicine be given to ease suffering even though this may allow my death to coout.
- ____Conflot is my main concern. I have received the news that my condition cannot be sured. I now choose only to be legit comfortable.

----- Other: I want the following care/spes of care: