

McLaren Print System Order

Order No: 86307
Order Date: 2024-06-17
User: Kerry Zaske
Phone: 989-362-9551

Ship Location: McLaren Tawas Family Medicine/ Attn. Kerry Zaske
312 W M55
Tawas City MI,48763

Brochures
Quantity: 1
Paragon Dept No: 69490
Dept Name: McLaren Tawas Family Medicine
Company Number: MMG20

Order Total Price:

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:

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. 07/15



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 in your
refrigerator, in your motor vehicle glove
compartment, a spare wallet or purse,
or any easy-to-find place.

Spec Info:

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.
