McLaren Business Products

McLaren Print System Order

Order No: 86432
Order Date: 2024-06-20
User: Kayla Severance
Phone: 8103421735

Ship Location: McLaren Comprehensive Breast Care
1314 S. Linden Rd Ste B
Flint, Mi 48532
Form
Quantity: 1
Paragon Dept No: 500382560
Dept Name: McLaren Comprehensive Breast Care
Company Number:

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:
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.

Spec 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: _____

Attention Michigan Health Care Providers

I have created the following Advanced Directive:
(Check one or more, as appropriate)
☐ Durable Power of Attorney for Health Care
☐ Other _____

Please contact _____ (name) _____ (address) _____ for more information.

_____ (date) _____ (signature)

Attention Michigan Health Care Providers

I have created the following Advanced Directive:
(Check one or more, as appropriate)
☐ Durable Power of Attorney for Health Care
☐ Other _____

Please contact _____ (name) _____ (address) _____ for more information.

_____ (date) _____ (signature)

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.

McLaren HEALTH CARE

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 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. 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:
_____
_____
_____
_____