

**McLaren Print System Order** 

Order No: 90785 Order Date: 2024-12-11 Order Request Date: User: TINA PLAUTZ Phone: 248-922.9975

**Ship Location: Clarkston Internal Medicine** 

6507 Town Center Drive, Suite A

Clarkston, MI 48346

Brochures Quantity: 1

Paragon Dept No: 52524

**Dept Name: Clarkston Internal Medicine** 

**Company Number:** 

Order Total Price: 30.00

Item Number: M-10239 A CARD (This item is obsolete. Please order MHCC-705-A)

Item Description: Health Care Agent Appointment McLaren FLINT (Medical Power of Attorney) Card

Revision Date: 11/2008

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.



Health Care Agent Appointment (Medical Power of Attorney)

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 mention health-care decisions. It will remain in effect unless I cancel this appointment or my Health Care Agent warns to step being my agent. I can cancel this appointment at any time and in any manner that strikes 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 freeting fuller, dislysis, or life on a broathing machine if I am unable to breathe on my own. I am willing to live in a constant vigotative 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 limess, I request that I be allowed to de and not be sapt aline by artificial means or "termic measures."

I sak that then medicine be given only to ease suffering even though this may allow my death to

— I do NOT want to undergo many tests, surgery, or short-term treatment on a breathing machine in an effort to continue my title. 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 receivery, I ask that medicine be given to ease suffering even though this may allow my death to occur.

Conflort is my main concern. I have received the news that my condition cannot be cured. I now choose only to be kept conflorable.

... Other: I want the following care types of care:

**Spec Info: Original Poster Size**