The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

Health Care Advance Directives	
I,	ed the following Advance Directives:
have creat	ed the following Advance Directives:
	Living Will
	Health Care Surrogate Designation
	Anatomical Donation
	Other (specify)
	FOLD
Contact:	
Name	
. 11	
Address	
-	
-	
Phone	
riione	
Signature	Date

Produced and distributed by the Florida Agency for Health Care Administration. This publication can be copied for public use or call our toll-free number 1-888-419-3456 for additional copies. To view or print other publications from the Agency for Health Care Administration please visit http://www.FloridaHealthStat.com.