

ATTENTION HEALTH CARE PROVIDERS

My Name _____

My Birthdate _____

()

My Doctor _____

Doctor's Phone # _____



Honoring Choices®
PACIFIC NORTHWEST

AN INITIATIVE OF



Washington State
Hospital Association



Washington State
Medical Association

Please Honor My Wishes

My Health Care Agent (identified on DPOAH)

Best Phone # (_____)

My Advance Directive is on file at
