

Open to Advance Medical Directive 

5. Signature and Witnesses: The maker of this document signed in both our presence. We are not related to the maker by blood, marriage or adoption.

Signature of maker

Date

Address

State/Prov

ZIP/PC

Signature of witness No. 1

Signature of witness No. 2

Print name

Print name

Telephone

Telephone

Address

Address

In case of emergency, please contact:

Name: _____

Telephone No. 1 _____ Telephone No. 2 _____

Name: _____

Telephone No. 1 _____ Telephone No. 2 _____

MEDICAL DIRECTIVE
(signed document inside)

NO NSAIDS

