



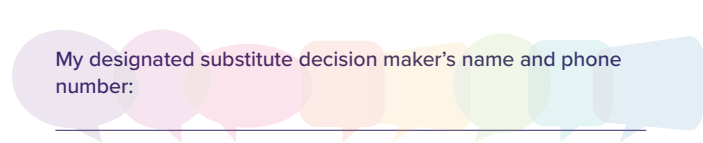
Having a voice in decisions about your health care treatment is important.

With an Advance Care Plan, you can be sure that your family, friends and/or health care providers know your wishes, and can ensure these wishes are followed.

Name: _____

Date the Advance Care Plan was completed: _____

Signature: _____



My designated substitute decision maker's name and phone number:

A copy of my advance care plan and/or directive can be found:

Specific instructions:

My physician and/or nephrologist's name and phone number is:
