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My name: PROOF

.....
Date of birth:

My Champion:

*(the person I trust to speak for me if I am
unable to make my medical decisions)*

Name:

Relationship:

Phone:

Home:

Work:

Cell:

continued

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HEALTH

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I have a Health Care Power of Attorney naming my Champion as my agent. Yes * No

I have a living will. Yes * No

If yes, a copy of my documents can be found

My Primary Care Physician's Name and phone number:

*Contact Choices and Champions for your Advance Care planning needs:

1.844.677.5134

Choicesandchampions@NovantHealth.org

NovantHealth.org/choicesandchampions

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