



Choices and Champions:

Medical Record Advance Directive Entry Form

I would like for Novant Health to place a copy of my advance directive in my medical record.

Full legal name (as shown on driver's license or ID): _____

Date of birth: _____

Current address: _____

Email address: _____

Phone number: _____

Last four digits of Social Security number: _____

Are you enrolled in MyChart? Yes No

If no, would you like an activation code? Yes No