

Ad Layout Sheet

Use this sheet to layout your ad ideas, then give it to your specialty advertising consultant.

Please attach all logos, line art and/or photos necessary to complete this order.

For complete instructions on how to prepare and submit artwork refer to the current catalog.

827LW Health Care Director

Actual size of item: 4" x 2-7/8" folded (wxh).

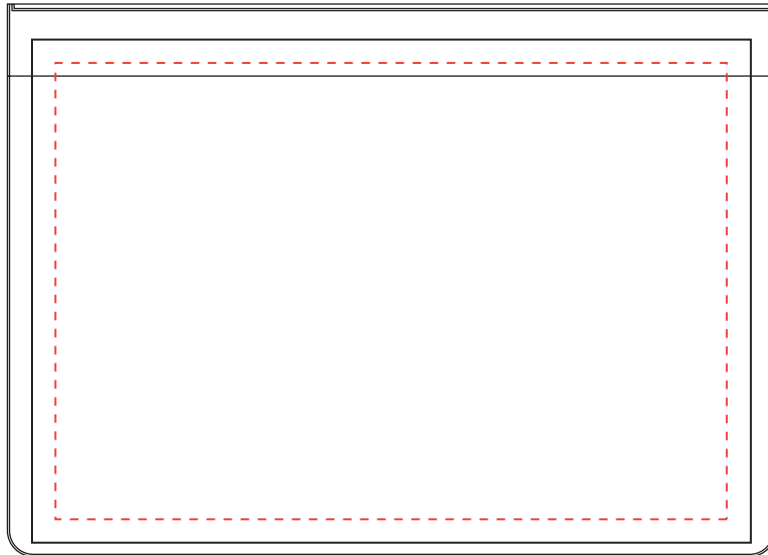
Actual size of card: 3-3/4" x 2-5/8" (wxh).

Imprint area: 3-1/2" x 2-3/8" (wxh).

Full Bleed 3-3/4" x 2-5/8" (wxh).

(Dotted line indicates ad space)

Item colors: Clear, Blue, Green, Orange.



Shown at actual size



MORCO®

Specialty Advertising Products

www.morcoline.com

asi/72240 • PPAI 114004

827LW Health Care Director



827LW Inside
Top Card

Living Will, Advanced Medical Directive, Health Care Power of Attorney, Health Care Proxy...

Are all legal documents that allow you to choose someone to make medical decisions on your behalf when you are unable to do so.

1. Fill out Card 1 below and keep in the pouch with you. Copies can be made and given to your doctor, hospital, and family members.
2. Fill out Card 2 and give to the individual you have chosen as your Proxy/Surrogate for them to carry.

MORCO

Made in U.S.A.

827LW
Card 2

CARD 2

Designated Health Care Surrogate

Designee: _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or to apply for public benefits to defray cost of health care; and to authorize my admission to or transfer from a health care facility.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signature: _____ Date: _____

Witness: _____ Phone: _____

Address: _____

Witness: _____ Phone: _____

Address: _____

(Witness must be 18 yrs. old and not a Surrogate.)

MORCO

Made in U.S.A.

827LW
Card 1

CARD 1

Your Right to Decide and Make Your Wishes Known...

HEALTH CARE DIRECTIVE

Declaration made this ____ day of _____, yr _____

I, _____ willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below:

If I have a terminal condition, an end stage condition, or I am in a persistent vegetative state; and if my attending or treating physician and another consulting physician have determined that there is no medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedure would only serve to artificially prolong the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of medical procedure deemed necessary to provide me with comfort care or to alleviate pain, and if needed I further authorize an end of life care facility to honor these directives. In this condition, I do not want nutrition and hydration to be given unless it is for comfort care.

MORCO Made in U.S.A.

fold

Health Care Surrogate:

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I designate the surrogate below to carry out the provisions of this declaration:

Name: _____ Phone: _____

Address: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name: _____ Phone: _____

Address: _____

Signature: _____