

<p>Important Notice to Medical Personnel: I Have a Living Will</p> <p>_____</p> <p>Signature Please consult this document and/or my family in case of an emergency.</p> <p>_____</p> <p>Name of person to contact</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Phone</p>	<p>My primary care physician is:</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Phone</p> <p>My Living Will is located at:</p> <p>_____</p> <p><input type="checkbox"/> I am an organ/tissue donor.</p>
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