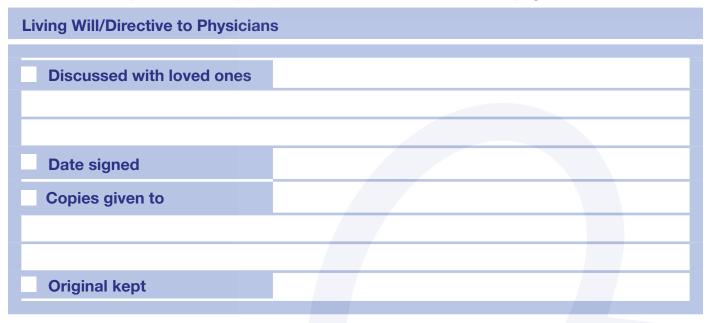
## **Keep Track**



Note to patient: place a hard copy of your advance directive behind this page.



## Health Care Power of Attorney / Health Care Proxy Discussed with loved ones Date signed Copies given to Original kept

## **Revisions**

Living Will/Directive to Physicians, Date

Health Care Power of Attorney/Health Care Proxy, Date

## **DALLAS NEPHROLOGY ASSOCIATES**Kidney Care Excellence Since 1971