

## Advance Directive Cover Page

To patients who have been treated or seen at Carolinas HealthCare System, who wish to have a copy of their advance directive available on their legal medical record:

**Please fill out this cover page to send with your notarized copy.**

Patient Name: \_\_\_\_\_  
  First  Middle  Last

Patient Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  Month XX  Date XX  Year XXXX

Contact information: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
  Area Code  XXX  XXXX

For your convenience Carolinas HealthCare System offers several convenient ways to receive your advance directive. Please do one of the following:

- In Person: Provide notarized copy to your Carolinas Healthcare System physician office
- Mail a copy to: Corporate Health Information Management

Attention: Document Management Dept.

P.O. Box 32861

Charlotte, NC 28232

We looked forward to serving you in the future with your healthcare directives.