



**ALLERGY ♦ SINUS  
ASTHMA  
NOZDOC.COM**

**Roger N. Danziger M.D.  
Board Certified  
Allergy / Asthma / Immunology**

This form below may be used as a convenient method to inform others of your health care advance directives.

## Health Care Advance Directives

I, \_\_\_\_\_, have created the following Advance Directives:

- Living Will
- Health Care Surrogate Designation
- DNR (Do Not Resuscitate)
- I do not have an Advanced Directive

Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_