



**ALLERGY ♦ SINUS
ASTHMA**

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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 _____