



# Choice Care

*by*

*Marcy Zwelling, M D*

Private Medical Services

I \_\_\_\_\_ give permission for

Dr. Marcy Zwelling-Aamot to discuss my medical condition with any and all of my physicians.

Please allow that communication to begin immediately.

---

Name

---

Date

(562) 596-7584 \* (562) 596-4360 fax

[Marcy@z-doc.com](mailto:Marcy@z-doc.com) \* [www.z-doc.com](http://www.z-doc.com)

3771 Katella Avenue, Suite #108, Los Alamitos, CA 90720

OR

Option B. I, \_\_\_\_\_, do not wish to appoint an agent at this time.

If you choose not to name an agent, initial the box above, print your name on the line in the Option B above, draw a line through the net page (page 2), then continue to section 3.

APPOINTMENT OF HEALTH CARE AGENT

I hereby appoint as my agent to make health care decisions for me:

Name: \_\_\_\_\_  
(agent's name)

Address: \_\_\_\_\_  
(street address, city, state, zip code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

I understand this appointment will continue unless voided as explained in Section (3). If I revoke my agent's authority or if my agent is not reasonably available, able, or willing to make health care decisions for me, I appoint the following person(s) to do so in the order they should be asked:

1<sup>st</sup> alternate: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

2<sup>nd</sup> alternate: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_