



3771 Katella Avenue, Suite 108  
Los Alamitos, CA 90720  
P (562) 596-7584 | F (562) 596-4360  
[www.z-doc.com](http://www.z-doc.com)

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

**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 next page (page 2), and 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 Number \_\_\_\_\_

Email Address \_\_\_\_\_

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:

*First Alternate*

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

*Second Alternate*

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_