

**POWER OF ATTORNEY and ADVANCE MEDICAL DIRECTIVE**

**Client Information**

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

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

City/County/State/Zip: \_\_\_\_\_

Telephone number: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Financial Agent 1**

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

Relationship (to client): \_\_\_\_\_

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

City/County/State/Zip: \_\_\_\_\_

Telephone number: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**Financial Alternate Agent**

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

Relationship (to client): \_\_\_\_\_

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

City/County/State/Zip: \_\_\_\_\_

Telephone number: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**MEDICAL Agent 1(if different than financial)**

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

Relationship (to client): \_\_\_\_\_

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

City/County/State/Zip: \_\_\_\_\_

Telephone number: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**MEDICAL Alternate Agent (if different than financial)**

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

Relationship (to client): \_\_\_\_\_

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

City/County/State/Zip: \_\_\_\_\_

Telephone number: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

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