Consultants in Cardiology & Electrophysiology LLC

Thomas E. Bump, MD, FACC, FHRS
John H. Burke, MD, FACC, FHRS
Nouri Al Khaled, MD, FACC
William H. Spear, MD, FACC, FHRS
Chadi Nouneh, MD, FACC, FSCAI
Ali R. Zaidi, MD
Luay Rifai, MD, FACC
Wassim Ballany, MD
Hussam Watti, MD
Joaquim S. Barboza, MD, FACC
Ibrahim Kassas, MD, FACC, FSCAI

MEDICAL POWER OF ATTORNEY

BRIEF DESCRIPTION: The Person I Want to Make Health Care Decisions for Me When I Can't Make Them for Myself

Dated: _____

I ,_____
(YOUR NAME AND DOB)

Hereby appoint as my representative to act on my behalf to give, withhold or withdraw informed consent to health care decisions in the event that I am not able to do so myself.

The person I choose as my representative is:

NAME:_____ #_____
(Insert the Name, Who they are to you, Phone Number)

The person I choose as my successor representative is:

If my representative is unable, unwilling or disqualified to serve, then I appoint,

NAME:_____#_____
(Insert the Name, Who they are to you, Phone Number)

This shall extend to, but not limited to health care decision relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, care and treatment in a nursing home or other facility and home health care. **The representative appointed by this document is specifically authorized to be granted access to my medical records.**

3545 W 95th Street
Evergreen Park, IL 60805
Phone (708) 346-5562
Fax (708) 346-2059

11800 Southwest HWY, Suite 209
Palos Heights, Illinois 60463
Phone (708) 346-5562
Fax (708) 346-2059

18210 S. LaGrange Road, Suite 102
Tinley Park, Illinois 60477
Phone (708) 346-5562
Fax (708) 346-2059