



Intermountain Healthcare  
PO Box 73579  
Salt Lake City, Ut 84170

Dear

Thank you for the enclosed Advance Care document(s) that you have forwarded to be included in your Intermountain Healthcare record. We have received the following:

- Utah Advance Directive
- Living Will
- Power of Attorney
- Health Care Power of Attorney
- Durable Power of Attorney for Health Care Agent
- Provider Order of Life Sustaining Treatment (POLST)
- Physician Orders for Scope of Treatment (POST)
- Other:

Please note that the following information is missing from your document(s) and you will need to complete and return corrected document(s) before we can store them in your record.

- Your signature
- Date document was signed
- Witness Name
- Witness Signature
- Date of Birth
- Other:

You may choose any of the following:

- Bring the updated document to the closest Intermountain Hospital (Medical Records Department) or your Intermountain Providers office
- Attach your updated document in an **email** to us at **AdvanceDirective@r1cm.com**
- **Fax** your updated document to **801-442-0484**. Mark to the attention of Intermountain Healthcare Advance Directive
- **Mail** your updated document to:  
Advance Directive at Intermountain Healthcare  
PO Box 70539  
Salt Lake City, UT 84170

Thank You,

Intermountain Healthcare