

ADVANCE DIRECTIVE

This Center will respect any Advance Directive that may in place. However, the Center will NOT implement an advance directive that conflicts with the Center's belief in the sanctity and value of human life. If you bring a copy of an advance directive or living will, a copy will be made and placed in your medical record. Should the need for a transfer to a hospital occur, this copy will be forwarded to the hospital of transfer and they may honor and implement these directives.

The law does not require that patients have or make an advanced directive. Please check one of the following boxes:

- Yes, I have provided the surgery center with a copy of my Advance Directive/ Living Will. The Center has explained to me their policy regarding the honoring of this document and I agree to proceed with the proposed procedures as scheduled.
- No, I do not have an Advance Directive/Living Will. I request the facility provide me with information about Advanced Directives. I understand that this Center will not implement an advance directive if I choose to complete one, but will transfer this document with me should the need arise.
- I DO NOT have an Advance Directive/Living Will. I DO NOT want information.

X

 Patient's or Authorized Representative's Signature

 Date

 Authorized Representative (Please print if applicable)

 Relationship to Patient

 Date

Office Use Only

Information and Forms Provided to Patient: Yes No If NO please comment below

Patient Name:

Surgeon:

Date of Service:

Medical Record:

Date of Birth: