

Advanced Directive

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

1. The advance directive is only operative when the patient loses decision-making capacity.
2. An advance directive may be revoked or changed by the patient at any time. A previously initiated advance directive must be revoked prior to initiating any changes.
3. The patient may revoke his or her advance directive by a verbal expression of the intent to revoke the advance directive in the presence of two (2) witnesses at least 18 years of age who sign and date a written confirmation of the patient's expression.
4. If an advance directive is revoked, any previously existing advance directives will be destroyed.

Please check all that apply.

	<u>To Be Done</u>	<u>Withheld</u>	<u>Not Applicable</u>
CPR	_____	_____	_____
Ventilation	_____	_____	_____
Cardiac Resuscitation	_____	_____	_____
Renal Dialysis	_____	_____	_____
Blood Transfusion	_____	_____	_____
Antibiotics	_____	_____	_____
I V Fluid	_____	_____	_____
Artificial Nutrition	_____	_____	_____
Surgery	_____	_____	_____

Patient Signature: _____ Witness: _____

Other: _____ Relation to patient: _____

Physician: _____ Date: _____ Time: _____