

Sun City Medical Partners

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Advance Directive Status

I have been informed of my right to formulate an Advance Directive and I have been provided with information regarding the execution of an Advance Directive.

Please check one of the following:

- I have previously completed an Advance Directive and have provided a copy for inclusion in my record.
- A copy of my Advance Directive is on file with _____.
(Physician or health care facility)
- I have not executed and Advanced Directive and I am not interested in any further information.
- I am interested in the formulation of an Advance Directive and will discuss my options with my primary care provider.

Patient Name: _____ Date of Birth: ____ / ____ / ____

Signature: _____ Today's Date: ____ / ____ / ____