

ADVANCE DIRECTIVE NOTIFICATION FORM

You have the right to give instructions about your health care. You also have the right to name someone else to make health care decisions for you. This form also lets you write down your wishes regarding donation of organs and the designation of your primary physician. If you use this form you may complete or change all or any part of it. You are free to use a different form.

Part 1: Power of Attorney

I have talked to my family about the care I want. If I am unable to the following contacted:	o speak for myself, I would like to have
Initial Agent	Number
If I revoke the authority of my agent or my agent is not willing, all health care decisions for me, I designate my first alternate agent	,
Alternate #1 Agent	Number
If I revoke the authority of my agent and first alternate agent or i reasonably available to make health care decisions for me, I designate the second secon	
Alternate #2 Agent	Number

Part 2: Instruction for Health Care

End of Life decisions:

op Choice not to prolong life if (1) I have an incurable and irreversible condition that will result in
my death within a relatively short (2) I become unconscious and, to a reasonable degree of
medical certainty, I will not regain consciousness or (3) the likely risks and burdens of treatment
would outweigh the expected benefits

□ Choice to prolong life as long as possible within limits of generally accepted medical treatment standards.

Other wishes: different or more specific instructions other than those marked above such as: what you consider reasonable quality of life, treatments you would consider burdensome or unacceptable				
Part 3: Donation of O	raans at death			
•		narts		
	eeded organs, tissues or			
□ I give the fo	llowing organs, tissues c	or parts:		
□ I do not wis	h to donate any organs,	tissues or parts		
My gift of my organs, not wish to donate fo	•	ll of the following (unche	eck any of the following you do	
Transplant	Therapy	Research	Education	
Part 4: Primary Physic				
-	ing physician as my prim			
□ Mike Romeo MD	□ Sam Romeo MD	□ Chris Hawley MD	□ Ken Honsik MD	
□Lisa Romeo MD	□ Jennifer Houston M	D 🗆 Other:		
	ve or living will. I unders		notify hospitals or other providers n is however available to hospitals	
Printed Name of Patie	ent			
Signature of Patient			Date	