



Decline of Advance Healthcare Directive

Your insurance carrier requires us to offer you an Advanced Healthcare Directive in which you would designate the person who would be responsible for making your healthcare decisions.

If you have not completed one and wish to do so now, we can provide you with an Advanced Healthcare Directive while in our office today.

If you do not wish to fill out today please select one of the following:

- I have an Advance Healthcare Directive on file with my family or primary physician's office and decline to complete another.
- I decline to complete an Advance Healthcare Directive at this time.

Signature of Patient (Beneficiary), Guardian, or Responsible Party

Signature Date

Please Print Name of Signature Above

Date of Birth