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Name of Patient _____ Date _____

Advanced Directives are written and official statement(s) about how you want medical decisions to be made, in case you should not be able to make those decisions for yourself.

The three types of advanced directives are:

- **A LIVING WILL:** It tells your family what kind of medical care you want to receive, or do not want to receive. Have you prepared a living will? Yes____ No____
- **A HEALTH CARE SURROGATE DESIGNATION:** It is a document where you designate someone to make decisions for you if you are not able to do so yourself. Have you designated someone to make decisions for you? Yes____ No____
- **ANATOMICAL DONATION:** It indicates if you want to donate any organ(s) after death. Have you made a decision about donating your organs? Yes____ No____

My Signature below acknowledges that I have received the information ...

- Yes, I _____ will obtain the forms, fill them out respectfully and return the forms to my Doctor/Physician when they are completed and ready.
- Yes, I _____ have already filled out these forms and will supply my Doctor/Physician with a copy or my official Advance Directive(s) to file in my chart.
- No, I _____ DO NOT wish to fill out the Advanced Directive Form(s).