

ADVANCED OBSTETRICS AND GYNECOLOGY, LLC

Name: _____

Date of Birth: ____ / ____ / _____

Advance Directives

Advance directives are legal documents that allow you to convey your decisions about "end-of-life" care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on.

- Yes**, I do have an Advance Directive. **No**, I do not have an Advance Directive.
- If yes, please make sure that your designated health care proxy and your family members are aware of your Advance Directive. We request that you provide us with a copy of this documentation for your chart here.
 - If you do not have an Advance Directive, you are encouraged to discuss this with your primary care provider.

Patient Preference for Communication

I give my permission to staff and physicians to communicate my lab tests results, biopsy results and/or follow-up messages as described below:

I can be reached at the following phone number: _____

If I am not there, you can share the information with:

Name: _____ relationship: _____

Name: _____ relationship: _____

A detailed message may be left as described below: (please check all that are appropriate):

- home phone answering machine cell phone work voicemail

Signature of Patient or Guardian

____ / ____ / ____
Date

Printed Name if Other Than Patient

Advanced Obstetrics & Gynecology, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Available:

Español (Spanish) | 繁體中文 (Chinese) | Tiếng Việt (Vietnamese) | 한국어 (Korean) | हिंदी (Hindi)
اردو (Urdu) | Tagalog (Tagalog-Filipino) | Русский (Russian) | العربية (Arabic) | Kreyòl Ayisyen (Haitian Creole)
Français (French) | Polski (Polish) | Português (Portuguese) | Italiano (Italian) | ગુજરાતી (Gujarati)