| E. Thomas Arne Jr., D.O., F.A.C.C.1250 S. Tamiami Trail Suite 401Sarasota, Florida 34239Office: 941-366-2194 Fax: 941-366-7025[www.gulfshorepc.com](http://www.gulfshorepc.com)  |  |  | IMG_4682 |
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**ADVANCED DIRECTIVES REQUEST**

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Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you executed any of the following legal documents?**

**DOCUMENT TITLE YES NO**

|  |  |  |
| --- | --- | --- |
| **Do Not Resuscitate (DNR)** |  |  |
| **Durable Power of Attorney** |  |  |
| **Living Will** |  |  |
| **Health Care Proxy** |  |  |

**As your Primary Care Physician, these documents should be in our records in order that we may carry out your healthcare directives. If you have answered yes to any of the document titles above, please provide a copy of the document for your medical records.**

**Thank you,**

**E. Thomas Arne, Jr., D.O. FACC**