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ACKNOWLEDGEMENT OF RECEIPT OF ADVANCE DIRECTIVE INFORMATION

PLEASE READ THE FOLLOWING TWO STATEMENTS:

Place your initials after each statement.	
I have been offered written materials about treatments:	out my right to accept of refuse medical
2) I understand that I am not required to have an ADVANCE DIRECTIVE in order to receive medical treatment at this clinic:	
PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:	
I have executed an ADVANCE DIRECTIVE for health care.	
I have not executed an ADVANCE DIRECTIVE for health care.	
Signed:	Date:
Witness:	Date:

Submit Document Button: