



Please circle whichever may apply:

Do you have an advance directive?

Yes No

If yes, do you plan to bring in a copy?

Yes No

If you do not have an advance directive, would you like to execute one?

Yes No

If yes, would you like a copy?

Yes No

Policy: Digestive Healthcare Endoscopy Center is a single specialty Ambulatory Surgical Center and its available resources are dedicated solely to endoscopic care. In the unlikely event of an adverse occurrence, the governing body has decided that you will be resuscitated, stabilized, and transferred to an acute care facility. These efforts may include but are not limited to CPR, intubation, mechanical ventilation, Advanced Cardiac Life Support including treatment of abnormal heart rhythms with electric shock and medications. If you bring an Advance Directive/Allow Natural Death document, it will become a prominent part of your chart. In the event of a transfer your Advance Directive/Allow Natural Death will be shared/sent with you to the acute care facility.

I acknowledge that I have received written and verbal notification of physician ownership of this facility, and written copies of patient rights and responsibilities and advance directive paperwork prior to my procedure.

X

Patient Signature

Date

Time