

*Physician's Acknowledgement of Receipt of
Advance Directives for Health Care Decisions*

This is to acknowledge receipt of the following forms which have been executed by the declarant on _____, _____ .

Name: _____

Address: _____

Phone: _____

1. Living Will
2. Appointment of Health Care Surrogate
3. Organ Donor Form
4. Other Wishes for End-of-Life Care

I agree that in the event the declarant shall become incompetent to make his/her own medical decisions and/or shall become terminally ill, in a persistent vegetative state or in an end-stage condition and if I shall be the attending physician, I will exert my best efforts to effectuate his/her desires as expressed in these documents.

Signed: _____ Date: _____

Print Name: _____

*Acceptance of Appointment as
Surrogate for Health Care Decisions*

This is to acknowledge that I have read the Living Will, Appointment of Surrogate for Health Care Decisions, Organ Donor form and Other Wishes by _____ of _____ , in which I am named as Surrogate to make health care decisions for the declarant in the event that he/she is unable to do so for himself/herself. I have discussed this matter with the declarant and have agreed to serve as his/her Surrogate under such circumstances. I will exert every effort to implement the desires of the declarant as expressed in these documents.

I understand that I must act in good faith and that this designation shall become effective only in the event that the declarant becomes incompetent to make his/her own health care decisions.

(Signature of Surrogate for Health Care Decisions)

(Print Name)

Date: _____

*Acceptance of Appointment as
Alternate Surrogate for Health Care Decisions*

This is to acknowledge that I have read the Living Will, Appointment of Alternate Surrogate for Health Care Decisions, Organ Donor form and Other Wishes executed by _____ of _____ in which I am named as Alternate Surrogate to make health care decisions for the declarant in the even that he/she is unable to do so for himself/herself. I have discussed this matter with the declarant and have agreed to serve as his/her Alternate Surrogate under such circumstances. I will exert every effort to implement the desires of the declarant as expressed in these documents.

I understand that I must act in good faith and that the designation shall become effective only in the event that the declarant becomes incompetent to make his/her own health care decisions.

(Signature of Alternate Surrogate for Health Care Decisions)

(Print Name)

Date: _____