



NOVA SOUTHEASTERN UNIVERSITY  
HEALTH CARE CENTERS

**ACKNOWLEDGEMENT FORM**

- I have not filled out a Living Will / Advance Directive; however, I will review the example given to me and do so at a later time.
  
- I have not filled out a Living Will / Advance Directive and do not wish to do so.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature / Date