

NOVA SOUTHEASTERN UNIVERSITY
HEALTH PROFESSIONS DIVISION

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

By my signature I acknowledge that I have been given information on my rights to refuse any medical or surgical treatment that I may not want. I have also been given information on Patient Directives and I understand that my care will not be compromised by whether or not I sign a Directive.

Witness

Patient Name

Patient Signature

Date