EAR, NOSE & THROAT SURGERY CENTER

NOTICES
Advanced Directives
Patient Rights and Responsibilities
Physician Ownership

I HAVE RECEIVED A COPY OF MY PATIENT RIGHTS AND RESPONSIBILITIES __ YES

I HAVE RECEIVED A COPY OF THE CENTER OWNERSHIP __YES

DO YOU HAVE AN ADVANCED DIRECTIVE ____ YES __ NO

IF NO WOULD YOU LIKE INFORMATION ON ADVANCED DIRECTIVES ___ YES ___ NO

SURGERY AT THIS CENTER IS ELECTIVE AND WE BELIEVE THAT YOUR GOAL IS TO HAVE A POSITIVE SURGICAL RESULT. IN THE EVENT OF A RESPIRATORY ARREST OR CARDIAC ARREST ALL MEDICAL OPTIONS AVAILABLE TO THE STAFF OF THE CENTER WILL BE TAKEN. FOLLOWING SUCH AN EVENT YOU WILL BE TRANFERRED TO THE NEXT LEVEL OF CARE WHERE YOUR ADVANCED DIRECTIVE MAY BE IMPLEMENTED AT THAT TIME.

Signature of Patient	Date	Signature of Witness	Date

Signature of Legally Authorized Agent	Date	Reason Patient Unable to Sign

Relationship of Legally Authorized Representative to Patient