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|  | Acknowledgment of Notice of My Right to State Advance Directives |  |  |

The American standard of medical care directs the administration of full life-saving measures, such as cardiopulmonary resuscitation (CPR).

I understand that if I do not want to receive these measures, I may state my wishes in writing.

I have been advised of my right to complete medical Advance Directives if I so choose.

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| Patient or Responsible Party Signature | |  | Date |
|  |  | | |
| Patient Name (Please Print) | Patient Date of Birth | | |