

## 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), unless stated otherwise in writing.

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident or Legal Decision-maker                      Date