Advanced Directives



Advanced Directives

Option #1	
I,	(resident's name), choose to implement the Advanced Directive. This
document will be placed in a	my file, along with my Advanced Directive.
Option #2	
I,	(resident's name), choose not to implement the Advanced Directive. This
signed document will be pla	ced in my file as documentation that I had an opportunity to implement an Advanced
Directive and declined to do	SO.
Resident Signature	Date
Witness Signature	Date
Witness Signature	Date