



PATIENT SELF DETERMINATION ACT QUESTIONNAIRE

DON'T LOSE YOUR RIGHT TO DECIDE!

You cannot remove all uncertainty about your future healthcare needs, but by having an advance directive, you can have the peace of mind that comes from making your wishes known in advance.

Declaration to Decline Life-Prolonging Procedures

(Living Will)

- I **Have** made a living will
 I **Do Not Have** a living will

Health Care Surrogate

- I **Have** a designated health care surrogate
 I **Have Not** designated a health care surrogate

Durable Power Of Attorney

- I **Have** Appointed a durable power of attorney for health care decisions
 I **Have Not** Appointed a durable power of attorney for health care decisions

(Print Name)

(Date)_____

(Signature of Patient or Representative)

If you have any further questions, you can contact your family attorney, local hospital, or local medical association for information.

Omnibus Budget Reconciliation Act of 1990 (Patient Self Determination Act) Chapter 765,

Florida Statutes

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