**Milltown Family Physicians, Inc.**

**Notice of Advance Directive**

**Patient Acknowledgement Form**

Today, advances in medicine and medical technology save many lives that only a few years ago might have been lost. Unfortunately, this same technology sometimes artificially prolongs life for people who have no hope of recovery.

An Advance Medical Directive is a legal document that allows you to give instructions for your future medical care, to request or refuse treatments and to express your feelings about other healthcare issues.

By signing this form, you acknowledge that you have received information on how to create an Advanced Directive.

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**Print Name of Patient/Legal Representative DOB**

**Signature**

**Date**