

BAY AREA RENAL STONE CENTER

This form is a communication tool between the patient, his/her physician, and the facility to facilitate the patient's wishes.

Information received from: Patient Surrogate Proxy Other _____

PART A: ADVANCED DIRECTIVES

Do you have a Living Will? Yes No If yes, is a copy provided? Yes No

Do you have a Health Care Surrogate or Power of Attorney for Health Care? Yes No

If yes, Surrogate's name _____ Phone _____

Is a copy provided? Yes No

I would like more information about advanced directives. Yes Packet Given No

PART B: LIVING WILLS

Living wills are not honored at Bay Area Renal Stone Center.

Patient Signature