



**FLOWER MOUND
FAMILY PHYSICIANS**

ADVANCE DIRECTIVE NOTICE

An Advanced Directive is a written statement of a person's wishes regarding medical treatment, often including a living will. It is made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

Patient Name: _____ DOB: _____

Do you have an Advance Directive?

YES _____ NO _____

If you answered YES, is your advanced directive for a
DNR (Do Not Resuscitate Order) or a POA (Power of Attorney)?
Check all that apply.

DNR _____ POA _____