

Offer for Advanced Directive



Keeping you and your family healthy.

As your primary care physician, I recommend completion of an Oregon Advance Directive Form. In Oregon, the form does two things:

1. It names a person to make health care decisions for you if you cannot make them yourself.
2. It gives your doctor directions as to what sorts of treatment you want in circumstances where you are unable to give those directions yourself.

Please indicate below if you would like to be provided an Oregon Advance Directive Form to take home with you to complete. Completion of the Advance Directive is entirely voluntary. Once completed please return a copy to the office to be kept in your medical record.

_____ I have requested an Oregon Advanced Directive form and will review and complete.

_____ I have been offered an Oregon Advanced Directive form and declined at this time.

Patient Name: _____

Signature: _____

Today's Date: _____