

Dear Patient:

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.

Request an Oregon Advance Directive form be given to me

Have been offered an Oregon Advance Directive Form and do not want one at this time.

PRINT NAME

Date ___/___/___

Please return request form to the front desk