

Palmetto Adult and Children's Urology

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Advanced Directives Form

1.	Do you have a Power of attorney? \square Yes \square No
2.	In what circumstances do you want to be resuscitated?
	 None (DNR)— Natural Death
	- Always Resuscitate
	 Brain Dead/no quality of life
3.	Do you have a medical power of attorney? \square Yes \square No
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	OR
ı	don't wish to disclose the information above \square Yes \square No
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