

North Jersey Gastroenterology
1825 Route 23 S, Wayne NJ 07470
Phone number: 973-633-1484

Acknowledgment of Patient Information on Advanced Directive

Name: _____ Date of birth: _____

Written information regarding the New Jersey State Law advising me of my rights to make decisions concerning my healthcare, including the right to accept or refuse medical or surgical treatment and to formulate an advanced directive, has been made available to me. I understand that if an endoscopic procedure is scheduled this is an elective procedure. Therefore, in the event of a medical emergency, I will be resuscitated.

I have:

Living will _____

Durable Power of Attorney for Healthcare _____

I do not have any of the above _____

I understand that I will not be discriminated against depending on whether or not I have an advanced directive.

Patient signature: _____ Date: _____

Family or other if patient is unable to sign: _____

Witness: _____ Date: _____