

## ACKNOWLEDGEMENT

Physician: Chinwe Ojukwu MD.

Telephone: (909) 796-2400

Address: BENEJ Pediatrics Inc.

11306 Mountain View Ave Ste E

Loma Linda Ca 92354

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

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### Advanced Directives

This acknowledgement that the physician, or one of his/her staff members, has provided me information concerning the Advanced Directives.

1. I am age 18 or older. (Circle one) **Yes** **No**
  
2. I realize that I have the option of putting together Advanced Directives for my healthcare. My physician has provided me written information concerning these Advanced Directives. I understand that it is my responsibility to provide my doctor(s) with any documents that are required to carry out my Advanced Directives.
  
3. I am aware that Advanced Directives may be any one of the following:
  - A. A Durable Power of Attorney for Health care.
  - B. The Declaration in the A natural Death Act – Ex. A Living Will
  - C. I may write down my wishes on a piece of paper so that my family may use the document, in deciding my medical treatment, in the event I am unable to do so.

Patients Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This document will become part of my medical record.