

Advance Directive

Patient: Angelina Fadel

Patient Preferences Regarding Medical Treatment

In the event that I am unable to make my own medical decisions, I, Angelina Fadel, hereby express my preferences regarding medical treatment. I wish to outline my choices and provide guidance to my healthcare providers and family members.

I wish to have access to complementary therapies, such as massage or acupuncture.

Designation of Healthcare Proxy

I designate the following individual as my healthcare proxy to make medical decisions on my behalf if I am unable to do so:

Name: Angelina Fadel

Contact: 336-660-5082x00612

End-of-Life Care Instructions

In the event of a terminal condition where there is no reasonable expectation of recovery, I provide the following instructions regarding end-of-life care:

Seek advice from palliative care specialists for comprehensive support.

Additional Information

Legal Disclaimer

This document is a legally binding expression of my wishes regarding medical treatment. I declare that I am of sound mind and that this Advance Directive reflects my true intentions without any undue influence.

Date: 2023-08-02