

THIS PDF WOULD BE THE SIGNED DECISION-MAKING FORM  
FOR THE ENCOUNTER at this Healthcare Facility

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Name of care facility: Hospital Name

Patient Name: Roger McBee

Gender: Male

Date of Birth: April 1, 1945

Please indicate the patient's preference regarding the following care procedures:

Palliative Care YES [ X ] NO [ ]

Cardiopulmonary Resuscitation YES [ ] NO [ X ]

Effective Date of these instructions:

Start Date: 8/7/2017

End Date: (note, instructions remain in effect until the end date has passed. If no end date is provided, instructions remain in place indefinitely.

Signature: Roger McBee

If not the patient:

Name of Decision-Maker:

Relationship to Patient: