

Atlanta Endoscopy Center, LTD Patients Rights and Advance Directive Notice

I have received a copy of and understand my rights and responsibilities as a patient at Atlanta Endoscopy Center.

Yes No

I have been informed of my rights to receive a copy of the Georgia Advance Directive Form.

Yes No

I have completed an Advance Directive and have provided the center with a copy.

Yes No

I have been informed prior to the procedure that Atlanta Endoscopy Center has limitations to honoring Advance Directives. Atlanta Endoscopy Center will attempt to resuscitate a patient and transfer that patient to Dekalb Medical Center in the event of deterioration.

Yes No

It is my desire to complete an Advance Directive Form at this time.

Yes No

Signature: _____ Date: _____ Time: _____