



8952 E. Desert Cove Drive, Suite 114 | Scottsdale, AZ 85260  
480-634-2985 Phone | 480-634-2987 Fax

## Policy on Advanced Directives

The State of Arizona regulations require that your medical chart contains the following information. You will be asked if you have a Living Will, have assigned a Medical Power of Attorney, or designated a "surrogate" to act on your behalf.

**Please complete this information and acknowledge your response by signing below.**

State location if possible

I have a Living Will.

Designee if available.

I have a Medical Power of Attorney.

Name of Agent

I have designated a 'surrogate'

I have none of the above and do not wish one.

Patient or Parent Signature:

Print Name:

Witness Signature:

Print Name:

Date:

**Please note: As a patient of the Allergy & Environmental Treatment Center, LLC, we wish to inform you that regardless of any of the above arrangements, physicians and staff of the Allergy & Environmental Treatment Center will, in case of a life-threatening emergency, resuscitate and maintain life as is possible, until appropriate and safe transfer can be made to the nearest hospital.**