



**O. George Negrea M.D.**  
**Jennifer Yannucci M.D.**

## **Advance Directives**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Please read the following important information**

The physicians and staff of Low Country Cancer Care Associates P.C., believe that it is important for all of us to consider our wishes for extraordinary medical care in the event of an unexpected, life threatening medical problem. This decision is best considered when we are well. Our state legislature(s) understands that it is important for us to make our own decisions about medical care even when we become unable to make or communicate decisions. The Georgia and South Carolina Legislatures have provided a way to indicate our wishes called the **Advance Directive for Health Care**. Additional information may be obtained on [www.noah-health.org](http://www.noah-health.org) about Advance Directives. In addition, your nurse and physician are available to discuss any information, questions, or concerns you may have about Advance Directives.

As a new patient to LCCC, our staff will ask you whether you have signed an Advance Directive. Your response on this form will be recorded in your medical record. If you have already signed legal documents that explain your Advance Directives, our staff will request a copy of the documents for your medical record. These documents will help your family and our staffs to make sure that your wishes are carried out in the event of a sudden problem, which prevents you from expressing your wishes at that time.

**Of course, your decision to sign an Advance Directive will in no way change the care that anyone at Low Country Cancer Care provides to you and your family.**

### **Please indicate your current choice regarding Advance Directives:**

\_\_\_\_ I **have signed** an Advance Directive and **will provide a copy** to Low Country Cancer Care Associates P.C. I understand that the staff and physicians of LCCC will not be able to follow the terms of my Advance Directive until I provide them with a copy of the legal document.

\_\_\_\_ I have **not** signed an Advance Directive, but **would like** additional information.

\_\_\_\_ I have **not** signed an Advance Directive and **do not** wish further information at this time.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**