

**GEORGIA LITHOTRIPSY & LASER CENTER, INC.
PATIENT INFORMATION**

ADVANCE DIRECTIVES

I acknowledge that I am aware of the need for Advance Directives and that I understand information is available if needed. I also acknowledge that I **DO** **DO NOT** have such Directives. If I do not have such Directives at this time, but establish them at a later date, I will provide the Center with a copy.
Date: _____ Initials: _____