

**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: \_\_\_\_\_