



sierra ambulatory surgery center LLC

400b sierra college drive **grass valley, ca** 95945

phone 530.272.3428

fax 530.272.3429

email sierraasc@gmail.com

Advanced Directive / Living Will / Health Care Proxy / Medical Power of Attorney

Because the scope of care at Sierra Ambulatory Surgery Center is limited to elective outpatient surgical procedures, any life-threatening situation that arises will be immediately treated with life-sustaining measures.

Please initial one of the statements below that apply to you.

_____ I have an Advance Directive/Living Will/Health Care Proxy/Medical Power of Attorney, but I did not bring it to the Surgery Center. I understand the Surgery Center is requesting a copy of this paperwork and I will provide it as soon as possible.

_____ I have provided Sierra Ambulatory Surgery Center with a copy of my Advance Directive/Living Will/Healthcare Proxy/Medical Power of Attorney.

_____ I do not have an Advance Directive/Living Will/Healthcare Proxy/Medical Power of Attorney. I am aware that this facility will provide me with information about Advance Directives upon my request.

I understand that in the event of a life-threatening emergency, life-sustaining measures will be implemented immediately. Concurrently, the emergency medical system (EMS) will be activated for emergent patient transfer to Sierra Nevada Memorial Hospital along with a copy of my Advanced Directive to consider in my evaluation and treatment.

Patient Signature: _____ Date: _____