



Erik G. Palmer, D.O., *Medical Director*
Board Certified Family Medicine Physician

555 East Tachevah Drive, Suite 2W-203
Palm Springs, CA 92262
(760) 323-4272
(760) 323-8597 Fax

NPI# 1770648404

ADVANCED DIRECTIVE NOTIFICATION

I, _____, the undersigned, have
Print Patient Name

received an informational brochure presented on Advanced Directives.

I understand, should I have any questions, that I may discuss Advanced Directives with my physician or assigned medical provider.

Patient Signature

Date

Print Patient Name: _____

Date of Birth: _____