



## Westside Primary Care Associates

**Main Location:** 14420 W. Meeker Blvd, Suite 207, Sun City West, AZ 85375

**Buckeye Office:** 865 S. Watson Road, Suite 108 Buckeye, AZ 85326

**Phone:** 623-267-6700 **Fax:** 623-267-6701 **Web:** westsidepca.com

# ADVANCE DIRECTIVE ACKNOWLEDGEMENT

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Power Of Attorney: YES    NO    Living Will: YES    NO

Non-standard form: YES    NO

Phone: \_\_\_\_\_

Other healthcare providers involved in my case:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_