<table>
<thead>
<tr>
<th>MD Date of Order</th>
<th>Hour of Order</th>
<th>Nurse's Signature</th>
</tr>
</thead>
</table>

NURSE: PLEASE X IN COLUMN ON LINE, FOR MEDICATIONS REQUIRED FROM PHARMACY. PHYSICIAN MUST ENTER DATE, HOUR, AND SIGN EACH SET OF ORDERS.

PLEASE USE THIS ORDER SHEET ONLY TO WRITE ORDERS ASSOCIATED WITH YOUR PATIENT'S ADVANCE DIRECTIVE (LIVING WILL) WHEN APPLICABLE.
<table>
<thead>
<tr>
<th>Date</th>
<th>Note progress in case, complications, change in diagnosis, condition related to the advance directive</th>
<th>Date</th>
</tr>
</thead>
</table>

STATE LAW REQUIRES THE ATTENDING PHYSICIAN TO ASK ALL ADULT PATIENTS ADMITTED TO THE HOSPITAL (OR THEIR APPROPRIATE HEALTH CARE REPRESENTATIVE) WHETHER OR NOT THEY HAVE AN ADVANCE DIRECTIVE (LIVING WILL). PLEASE USE THIS PROGRESS SHEET TO DOCUMENT THAT DISCUSSION.

- I am aware that an advance directive exists. I have discussed the terms of the document with my patient. The document is present in the Medical Record.

- I am aware that an advance directive exists. The document is NOT available. I have documented the patient's wishes below.

- I have confirmed that my patient does not have an advance directive.

- I did not discuss the issue of an Advance Directive with my patient because it was contraindicated during this admission.

**Name of the patient's Health Care Representative (if applicable)**

Name ____________________________________________ Relationship ____________________________

Physician's Signature ____________________________________________ Date ________________

(Any additional documentation of your discussion with the patient may be included on this progress record.)