

**Central Jersey Ambulatory Surgery Center**  
**511 Courtyard Dr. Building 500**  
**Hillsborough, NJ 08844**

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**Advance Directive and Patient rights Interview**

1. Does the patient have an Advance Directive (Living Will, Durable Power of Attorney, Proxy)?  
YES ( )                      NO ( )
  
2. If answer to number one is "Yes", did patient provide a copy on admission?  
YES ( )                      NO ( )
  
3. Written information regarding Advance Directives was requested by patient and given to patient.  
YES ( )                      NO ( )
  
4. I have been given a copy of the PATIENTS BILL OF RIGHTS.
  
5. The facility will not be held responsible for any valuables.  
(PLEASE DO NOT WEAR JEWELRY/METAL, including bras & zippers this is required should you need cautery during your procedure)
  
6. I am aware that I will:  
a) be given a copy of discharge instructions, including anesthesia to review at home. I acknowledge that I may need to phone the physician if I have any questions.  
b) I need a responsible adult with me at time of discharge.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date