



4242 Rosehill Rd  
Garland, Texas 75043  
Phone Number: 214-703-3737

## DECLINE FOR ADVANCE DIRECTIVE

Consumer: \_\_\_\_\_ LON: \_\_\_\_\_

I, \_\_\_\_\_, received a copy of the Advanced Directive and have had it explained to me in a language and manner that I can understand. It is my decision at this time to not complete the Advanced Directive. I understand that I may change my mind at anytime. Should I change my mind I will contact Millrose Center, and request an Advanced Directive form.

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Millrose Center Representative

\_\_\_\_\_  
Date