

# ACKNOWLEDGEMENT OF RECIEPT OF ADVANCE CARE DIRECTIVE FOR THE STATE OF CALIFORNIA

Received from: ***Sanger Pediatrics, A Medical Corporation***  
***2640 Jensen Avenue***  
***Sanger, Ca 93657***  
***(559) 876-1402***

I, \_\_\_\_\_, acknowledge  
*Patient name* *Date of Birth*

that I have received the above item/service.

Signature
Date

Witness Signature

Date