



REGINA NURSING CENTER

550 East Farnance Street  
Norristown, Pennsylvania 19401-3561  
(610) 272-5600

I have received a copy of the Medical and Treatment Self-Directive Statement issued on June 19, 1998 from the Department of Public Welfare.

Residents Name \_\_\_\_\_

Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

If there is a copy of a Living Will or a Durable Power of Attorney, please attach.