

PHYSICIAN'S CERTIFICATE

I, _____, am a physician licensed to practice in the State of Nevada.

I examined _____, an adult on _____.
(Patient's Full Name) (Date of Exam)

This adult patient suffers from (Diagnosis): _____
_____.

which is _____ Permanent _____ Temporary condition.

I certify that this adult patient is unable to respond (check all that apply, at least one must be provided).

- _____ To a substantial and immediate risk of physical harm.
- _____ To an immediate need for medical attention.
- _____ To a substantial and immediate risk of financial loss.

Describe immediate risk or need: _____
_____.

Attached hereto is (check all that apply; at least one must be provided):

- _____ A copy of my report of the above exam which includes my findings, opinions, and diagnosis regarding the patient, and the patient's mental condition and/or capacity.
- _____ A copy of the patient's chart notes which support and/or detail my findings, opinions, and diagnosis regarding the patient and the patient's mental condition and/or capacity.
- _____ A letter, signed by me, detailing my findings, opinions and diagnosis regarding the patient and the patient's mental condition and/or capacity.

It is my opinion that this patient _____ does or _____ does not have the capacity to determine his/her wishes regarding burial or cremation.

It is my opinion that this patient needs a guardian of:

- _____ Person and Estate
- _____ Estate Only

It is my opinion that this patient is:

- _____ Able to attend the guardianship Court hearing.
- _____ Unable to attend guardianship Court hearing.

(Physician's Signature)

(Printed Name)