



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Guardianship**

**Andy Beshear**  
Governor

275 East Main Street, 3E-F  
Frankfort, KY 40621  
[Division of Adult Guardianship](#)

**Steven Stack, MD**  
Secretary

**Lesa Dennis**  
Commissioner

**Physicians Affidavit of Emergency Need for  
 Emergent Removal of a Bodily Organ, Amputation of a Limb, Sterilization, or Abortion**

**By completing this form, I am stating that the individual under Guardianship mentioned below requires an emergency procedure to be performed in order to preserve their life or to prevent serious impairment of their physical health. This procedure will be performed within 24 hours in accordance with 910 KAR 2:040 Section 20 emergency removal of a bodily organ, amputation of a limb, sterilization or abortion.**

**Please return this completed form to the individuals Guardian.**

Physicians printed name with title	
Physicians address	
Physicians telephone number	
Individual under Guardianships name	
Date of birth	
Social security number	
Procedure to be performed	
Name of physician performing procedure	
Address and telephone number where the procedure will be performed	
Reason the procedure is needed	
Less intrusive measures that have failed if applicable	
Date the procedure will be performed	
Physician Signature	
Date form completed	

Updated 7/9/20



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