Trucare Internal Medicine and Infectious Diseases
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LIVING WILL DECLARATION

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances, indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

□ I do	□ do not	want cardiac resuscitation
□ I do	□ do not	want mechanical respiration
□ I do	□ do not	want tube feeding or any other artificial or form of nutrition (food) or hydration (water)
□ I do	□ do not	want blood or blood products
□ I do	□ do not	want any form of surgery or invasive diagnostic tests
□ I do	□ do not	want kidney dialysis
□ I do	□ do not	want antibiotics

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment. Other instructions:

□ I do □ do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

_____ _____

_____ _____

Name and address of surrogate (if applicable) Name and address of substitute surrogate (if surrogate designated is unable to serve)

□ I do □ do not want to make an anatomical gift of all or part of my body, subject to the following limitations, if any:

I made this declaration on the _____day of _____, 20_____

Declarant's signature _____(**a copy is as good as an original**)
Declarant's address _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness' Signature _____
Witness' Address _____

Witness' Signature _____
Witness' Address _____