

ADVANCE DIRECTIVE

Patient's Statement of Desire, Special Provision and Limitations

In accordance with the Patient Self Determination Act (Federal Law) effective December 1991 you are authorized to make health care decisions that are consistent with your desires. You should consider whether you want to withhold or remove life-sustaining treatment should the situation arise. For your convenience, some general statements concerning the withholding and removal of life-sustaining treatment are set below. If you agree with one of these statements, you may initial that statement. READ ALL OF THESE STATEMENTS CAREFULLY BEFORE YOU SELECT ONE TO INITIAL. You can also write your own statement concerning life-sustaining treatment and/or other matters relating to your Health Care. If you have previously executed a Durable Power of Attorney for Health Care or a Natural Act Declaration, please make arrangements for a copy to be placed in your Medical Record immediately.

I DO NOT want my life to be prolonged and I DO NOT want life-sustaining treatment to be provided or continued if the burden of the treatment outweigh the expected benefits. I want to consider the relief of suffering and the quality as well as the extension of my life in making decisions concerning life-sustaining treatment. If this statement reflects your desires, Initial here _____.

I DO want my life to be prolonged and I DO want life-sustaining treatment to be provided UNLESS I AM IN A COMA, which my doctors reasonably believe to be irreversible. Once my doctors have reasonably concluded I am in an irreversible coma, I DO NOT want life-sustaining treatment to be provided or continued. If this statement reflects your desires, Initial here _____.

I DO want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedure. If this statement reflects your desires, Initial here _____.

I do not want to make a decision at this time. Initial here: _____

Other or additional statement or desires, special provisions, or limitations.

If I am unable to make decisions for myself, my spokesperson is _____

Indicate relationship: _____

Signature: _____ Date: _____

I understand that this statement may be revoked at any time.