

ADVANCE CARE PLANNING

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse to be artificially prolonged or to not be artificially prolonged.

In the event that I have been determined to be unable to provide and express an informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relation: _____

I understand the full importance of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

_____ **I CHOOSE TO NOT BE PROLONGED**

_____ **I CHOOSE TO BE PROLONGED**

_____ **I CHOOSE TO NOT MAKE THIS DECISION AT THIS TIME**

Patient Name: _____

Patient Signature: _____ Date: _____

Witness: _____
Street Address: _____
City, State & Zip: _____
Phone: _____

Witness: _____
Street Address: _____
City, State & Zip: _____
Phone: _____