ADVANCE DIRECTIVES

A copy of the Living Will is located:

_____

I have a Do-Not-Resuscitate form signed & Located:

_____

I want to die in my home if possible: Yes ☐ No ☐

In accordance with my Living Will the following are my advance directives that are initialed are to be followed:

_____If I am in persistently unconscious or there is no reasonable expectation of my recovery from a seriously incapacitating or terminal illness or condition.

_____Withhold artificially supplied nutrition and hydration (including tube feeding of food and water)

_____Withhold surgery or other invasive procedures

_____Withhold antibiotics

_____Withhold mechanical ventilator (respirator)

_____Withhold heat-lung resuscitation (CPR)

_____Withhold dialysis

_____Withhold chemotherapy

_____Withhold all other “life-prolonging” medical or surgical procedures that are merely intending to keep me alive without reasonable hope of improving my condition or curing my illness or injury

_____Withhold _____