# ADVANCE DIRECTIVE FORM:

My Medical Directive: This Medical Directive expresses, and shall stand for, my wishes regarding medical treatments in the event that illness should make me unable to communicate them directly. I make this Directive, being 18 years or more of age, of sound mind, and appreciating the consequences on my decisions.

#### Situation A

If I am in a coma or persistent vegetative state, and in the opinion of my physician and several consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	l want	I want treatment tried. If no clear	Undecided	Definitely NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.	-	Improvement, Stop.		
Mechanical Breathing: Breathing by machine	***************************************			
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.				
<b>Major Surgery:</b> Such as removing the gall bladder or Part of the intestines.	***************************************	N/A		***************************************
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.				
Chemotherapy: Using drugs to fight cancer.				
Minor Surgery: Such as removing some tissue from An infected toe.		N/A		
Invasive diagnostic tests. Such as using a flexible tube to look Into the stomach.	***************************************	N/A		
Blood or blood products: Such as giving transfusions			aleutriconfloration con-closuresc	-
Antibiotics: Using drugs to fight infection	-		and the state of t	
Simple diagnostic tests: Such as performing blood tests or xrays.	And the second second	N/A		**************************************
Pain Medications, even if they dull consciousness and indirectly shorten life.		N/A	- SSSS	mpirminny/docograssassassas

### Situation B

If I am in a coma and, in the opinion of my physician and several consultants, I have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	l want	want treatment tried. If no clear	Undecided	Definitely NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.		Improvement, Stop	•	
J. J	No. of the Contract of the Con	N/A		
Mechanical Breathing: Breathing by machine				
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.			***************************************	
	-	<del>*************************************</del>	-	
Major Surgery: Such as removing the gall bladder or Part of the intestines.	*******************	N/A		
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.				-
Chemotherapy: Using drugs to fight cancer.			400000000000000000000000000000000000000	
Minor Surgery: Such as removing some tissue from An infected toe.			•	
All illected toe.	***************************************	N/A		
Invasive diagnostic tests. Such as using a flexible tube to look			-	
Into the stomach.	***************************************	N/A		
Blood or blood products: Such as giving transfusions				
Antibiotics:			***************************************	
Using drugs to fight infection.	***************************************	And the state of t	*****	
Simple diagnostic tests: Such as performing blood tests or xrays.		N/A		
Pain Medications, even if they dult consciousness and indirectly shorten life.		N/A		
	-	IWM		

## Situation C

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, and I also have a terminal illness, such as incurable cancer, that will likely be the cause of my death, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	I want	I want treatment tried. If no clear Improvement, Stop	Undecided	Definitel NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.	STATE OF THE PARTY	N/A		
Mechanical Breathing: Breathing by machine				
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.	***************************************	***************************************	<b>Vision de La Constantina</b>	
Major Surgery: Such as removing the gall bladder or Part of the intestines.		N/A	***************************************	
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.	-	***************************************	***************************************	***************************************
Chemotherapy: Using drugs to fight cancer.	***************************************	MITTER Mandales Applications	elektrikalan mendenyangga	***************************************
Minor Surgery: Such as removing some tissue from An infected toe.	•	N/A		******************************
Invasive diagnostic tests. Such as using a flexible tube to look Into the stomach.	**************************************	N/A	499 frankerske discourse	manufacture profession de construction
Blood or blood products: Such as giving transfusions	**************************************	etitidenterorgenatus	**************************************	1000mmmmm
Antibiotics: Using drugs to fight infection.	minima (Maria analas sano	anninana	disolated in processing and a second	Selected of Military August 2000
Simple diagnostic tests: Such as performing blood tests or xrays.	- AND CONTROL OF THE PROPERTY OF	N/A	***************************************	
Pain Medications, even if they dull consciousness and indirectly shorten life.		N/A	<del></del>	

### Situation D

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, but I have no terminal illness, and I can live in this condition for a long time, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	ı want	I want treatment tried. If no clear Improvement, Stop	Undecided	Definitel NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating, artificial breathing.		N/A	•	
Mechanical Breathing: Breathing by machine		. · <del>···</del>	etrimonenenengangajus	
Artificial Nutrition and Hydration: Giving nutrition and fluid through a	***************************************	**************************************		**************************************
Tube in the veins, nose, stomach.		-total distribution and the state of the sta		***************************************
Major Surgery: Such as removing the gall bladder or Part of the intestines.		N/A		
Kidney Dialysis:	-	147	<del>~~~~~</del>	
Cleaning the blood by machine or by Fluid passed through the belly.		******************************	***************************************	
Chemotherapy: Using drugs to fight cancer.	·	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	- Militarina ta Languaga	*************
Minor Surgery:				
Such as removing some tissue from An infected toe.	Maria Control of the	N/A	***************************************	
Invasive diagnostic tests. Such as using a flexible tube to look Into the stomach.		N/A		
Blood or blood products: Such as giving transfusions			ethount (Mining (g) 2) digo.	-decorate in propagation of the second control of the second contr
Antibiotics: Using drugs to fight infection.		<del>од бологородина</del>		***************************************
Simple diagnostic tests: Such as performing blood tests or xrays.	1000-marken militare	AL/A	TOTAL PROPERTY SPACE	**************************************
Pain Medications, even if they dull	***************************************	N/A	****	
consciousness and indirectly shorten life.		N/A		

# **DURABLE POWER OF ATTORNEY**

I understand that my wishes express aspects of my care if I become incor- particular treatment or not. Conseq medical interventions for me in cons	mpetent. I also may buently, there may be a	e undecided about whether I want a need for someone to accept or refuse
As my proxy(s) to make the decision insufficient or undecided.	n for me whenever my	wishes expressed in this document are
Should there be any disagreement to decision favored by my above-name	petween the wishes ex and proxy(s),	cpressed in this document and the
(Please d	elete one of the follow	ing two lines.)
I wish my proxy(s) t	to have authority ove	er my medical directive.
l wish my medical d	lirective to have auth	ority over my proxy(s).
Should there be any disagreemen	t between the wishe	s of my proxies,
· S	hall have the final au	uthority.
I hereby make this anatomical gift	to take effect upon	my death:
I give My body; The following organs o	any needed organs or parts	or parts;
to the following person or the physician in attenda the hospital in which I do the following named phenomenant institution: the following named phenomenant institution: the following named phenomenant institution: the following person or the physician institution is the following person or the physician is the physician in attendance in the following person or the physician in attendance in the physician in the physician in attendance in the physician in the physici	ance at my death; die;	orage bank, or other medical
for the following purposes:any purpose authorizedtherapy of another persmedical education;transplantation;research.		
My personal statement:		
Signed:	(printed)	Date:
Witness:	(printed)	Date:
Witness:	(printed)	Date: