

{ } \_\_\_\_\_ I DIRECT THAT MY LIFE NOT BE EXTENDED BY ~~LIFE-PROLONGING LIFE-SUSTAINING~~ PROCEDURES, EXCEPT THAT IF I AM UNABLE TO TAKE ~~IN~~ FOOD BY MOUTH, I WISH TO RECEIVE NUTRITION AND HYDRATION ~~THROUGH TUBES~~ ARTIFICIALLY.

~~C. 3. IF I HAVE AN INEVITABLY FATAL END-STAGE CONDITION, THAT IS, A CONDITION CAUSED BY INJURY, DISEASE, OR ILLNESS, AS A RESULT OF WHICH I HAVE SUFFERED SEVERE DEBILITATION AND WILL LIKELY SUFFER FURTHER IRREVERSIBLE DETERIORATION UNTIL A MEDICALLY FORESEEABLE DEATH SEVERE AND PERMANENT DETERIORATION INDICATED BY INCOMPETENCY AND COMPLETE PHYSICAL DEPENDENCY AND FOR WHICH, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, TREATMENT OF THE IRREVERSIBLE CONDITION WOULD BE MEDICALLY INEFFECTIVE -~~

{ } \_\_\_\_\_ I DIRECT THAT MY LIFE NOT BE EXTENDED BY ~~LIFE-PROLONGING LIFE-SUSTAINING~~ PROCEDURES, INCLUDING THE ~~ARTIFICIAL~~ ADMINISTRATION OF NUTRITION AND HYDRATION ~~ARTIFICIALLY THROUGH TUBES~~.

{ } \_\_\_\_\_ I DIRECT THAT MY LIFE NOT BE EXTENDED BY ~~LIFE-PROLONGING LIFE-SUSTAINING~~ PROCEDURES, EXCEPT THAT IF I AM UNABLE TO TAKE ~~IN~~ FOOD BY MOUTH, I WISH TO RECEIVE NUTRITION AND HYDRATION ~~THROUGH TUBES~~ ARTIFICIALLY.

{ } \_\_\_\_\_ ~~D. 4.~~ I DIRECT THAT NO MATTER WHAT MY CONDITION, MEDICATION NOT BE GIVEN TO ME ~~AS NECESSARY~~ TO RELIEVE PAIN AND SUFFERING, ~~EVEN THOUGH IT MAY IF IT WOULD SHORTEN MY REMAINING LIFE.~~

{ } \_\_\_\_\_ ~~E. 5.~~ I DIRECT THAT NO MATTER WHAT MY CONDITION, I BE GIVEN ALL AVAILABLE MEDICAL TREATMENT IN ACCORDANCE WITH ACCEPTED HEALTH CARE STANDARDS.

{ } \_\_\_\_\_ ~~F. I DIRECT (IN THE FOLLOWING SPACE, INDICATE ANY OTHER INSTRUCTIONS REGARDING RECEIPT OR NONRECEIPT OF ANY HEALTH CARE)~~

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~~{ } G. 6. IF I AM PREGNANT MY AGENT SHALL FOLLOW THESE SPECIFIC INSTRUCTIONS DECISION CONCERNING LIFE-SUSTAINING PROCEDURES SHALL BE MODIFIED AS FOLLOWS:~~

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~~\_\_\_\_\_ 7. I DIRECT (IN THE FOLLOWING SPACE INDICATE ANY OTHER INSTRUCTIONS REGARDING RECEIPT OR NONRECEIPT OF ANY HEALTH CARE)~~

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BY SIGNING BELOW, I INDICATE THAT I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS ADVANCE DIRECTIVE AND THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.