

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-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

[_____ I direct that if I am brain dead, an anatomical gift be offered on my behalf to a patient in need of an organ or tissue transplant. If a transplant occurs, I want artificial heart/lung support devices to be continued on my behalf only until organ or tissue suitability of the patient is confirmed and organ or tissue recovery has taken place.]

(4) I direct that no matter what my condition, medication not be given to me to relieve pain and suffering, if it would shorten my remaining life.

(5) I direct that no matter what my condition, I be given all available medical treatment in accordance with accepted health care standards.

(6) If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

(7) UPON MY DEATH, I WISH TO DONATE:

_____ ANY NEEDED ORGANS, TISSUES, OR EYES.

_____ ONLY THE FOLLOWING ORGANS, TISSUES, OR EYES:

I AUTHORIZE THE USE OF MY ORGANS, TISSUES, OR EYES:

_____ FOR TRANSPLANTATION

_____ FOR THERAPY

_____ FOR RESEARCH

_____ FOR MEDICAL EDUCATION

_____ FOR ANY PURPOSE AUTHORIZED BY LAW.

I UNDERSTAND THAT BEFORE ANY VITAL ORGAN, TISSUE, OR EYE MAY BE REMOVED FOR TRANSPLANTATION, I MUST BE PRONOUNCED DEAD. AFTER DEATH, I DIRECT THAT ALL SUPPORT MEASURES BE CONTINUED TO MAINTAIN THE VIABILITY FOR TRANSPLANTATION OF MY ORGANS, TISSUES, AND EYES UNTIL ORGAN, TISSUE, AND EYE RECOVERY HAS BEEN COMPLETED.