I,_____ being of sound mind, willfully and voluntarily make this declaration to be followed if I become incapacitated. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances inidicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in **a terminal condition or in a state of permanent unconsciousness.**

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

UPMC Pinnacle

LIVING WILL DECLARATION

Form 4250-169-VI (02/18) MR (InD)
Aztec Barcode 10

PATIENT IDENTIFICATION

Patient Name: _____

MR Number: _____

Date of Birth: _____

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment.

I ☐ do ☐ do not want cardiac resuscitation.

I ☐ do ☐ do not want mechanical respiration.

I ☐ do ☐ do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I ☐ do ☐ do not want blood or blood products.

I ☐ do ☐ do not want any form of surgery or invasive diagnostic tests.

I ☐ do ☐ do not want kidney dialysis.

I ☐ do ☐ do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment. Other instructions: _____

_____

_____

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I ☐ do ☐ do not want to **designate another person as my surrogate** to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness. Name and address of surrogate (if applicable):_____

_____

Name and address of substitute surrogate (if surrogate designated above is unable to serve):

_____

I ☐ do ☐ do not want to make an **anatomical gift** of all or part of my body, subject to the following limitations, if any:

_____

_____

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I made this declaration on the _____ day of_____ (month/year).

Declarant's

Signature:_____

Declarant's Address:_____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

_____ _____

Witness Signature Witness Signature

Address:_____

Address:_____

UPMC Pinnacle

LIVING WILL DECLARATION

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