

LIVING WILL

Patient Name:	DOB:
	being of sound mind, willfully and voluntarily make this declaration to be followed if I become his declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated
below.	
	my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if rminal condition or in a state of permanent unconsciousness.
	that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by ithdrawing life-sustaining treatment.
I□do	tion, if I am in the condition described above, I feel especially strong about the following forms of treatment. □ do not want cardiac resuscitation.
I □ do I □ do I □ do	 ☐ do not want mechanical respiration. ☐ do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water). ☐ do not want blood or blood products.
I □ do I □ do	☐ do not want any form of surgery or invasive diagnostic tests. ☐ do not want kidney dialysis.
I□do	☐ do not want antibiotics.
treatment.	do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of nstructions:
	☐ do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be I in a terminal condition or in a state of permanent unconsciousness. Name and address of surrogate (if applicable):
Name and addres	ss of substitute surrogate (if surrogate designated 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:
I made this declar Declarant's Signa Declarant's Addre	
	the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in
	Witness Signature Witness Signature
Address: 300 Eas	st Main St. Hummelstown, PA 17036 Address: 300 East Main St. Hummelstown, PA 17036