New York State Living Will *(continued)*

Patient Name: _____

Chart #: _____ DOB: ____ / ____ / ____

B. THESE ARE MY WISHES IF I AM EVER IN AN IRREVERSIBLE COMA *(continued):*

Comfort Care

____ I want to be kept as comfortable and as free of pain as possible, even if such care prolongs my dying or shortens my life.

____ Other wishes: _____

C. OTHER DIRECTIONS

[You have the right to be involved in all decision about your health care, even those not dealing with terminal conditions or irreversible comas. If you have any wishes not covered in other parts of this document, put them here]:

_____

_____

OTHER WISHES

A. Determination of Death

____ I have no objection to the use of brain death criteria for determining my death.

____ I have a religious objection to the use of brain death criteria for determining my death. My objections is:

_____

_____

B. Organ Donation

____ I do not want to donate any of my organs or tissues.

____ I want to donate any of my organs or tissues.

____ I only want to donate these organs and tissues:

_____

_____

C. Autopsy

____ I do not want an autopsy.

____ I agree to an autopsy if my doctors wish it.

____ Other wishes: _____

[If you wish to say more about any of the above choices, or if you have any other statements to make about your medical care, you may do so on a separate sheet of paper. If you do so, write here the number of pages you are adding]: _____

_____

New York State Living Will *(continued)*

Patient Name: _____

Chart #: _____ DOB: ____ / ____ / ____

These directions express my legal right to refuse treatment, under the law of New York. I intend my instructions to be carried out unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

My agent, if I have appointed one elsewhere, has full authority to resolve any question regarding my health care decisions, as recorded in this document or otherwise, and what my choices may be.

SIGNATURES:

You and your two witnesses must sign this advance directive in order for it to be legal.

A. Your Signature

By my signature below I show that I understand the purpose and the effect of this document.

Signature: _____ Date_____

Print Name: _____

Address: _____

B. Your Witnesses' Signatures

I declare that the person who signed this document, or asked another to sign this document, is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence, and that person signed in my presence. I am at least 18 years of age and not the person appointed as agent by this document.

Signature: _____ Date_____

Print Name: _____

Address: _____

Signature: _____ Date_____

Print Name: _____

Address: _____

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