

COLUMBUS REGIONAL HOSPITAL

Life-Prolonging Procedures Declaration

Declaration made this _____ day of _____ year, of _____.

I, _____, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make know my desire that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal rights to request medical or surgical treatment and accept the consequences of the request.

I understand the full import of this declaration.

Signature

Social Security Number

Date of Birth

City, County and State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I am competent and at least eighteen (18) years old.

Witness: _____

Witness: _____

Date: _____

Date: _____

Street Address/City

Street Address/City

Telephone Number

Telephone Number