

Patient Identification

**ADVANCE DIRECTIVE / LIVING WILL
(LA.-R.S. 40:1299.58.3)**

Section A

I, _____, being of sound mind, willfully and voluntarily make known my desire that:

(Select A or B)

_____ **A.** I want all possible care provided regardless of my condition. **(Skip to Section B)**

OR

_____ **B.** If at any time I should have an incurable injury, disease or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedure would serve only to prolong artificially the dying process, I dire that my dying shall not be artificially prolonged and such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

The life-sustaining procedures I choose to have withheld or withdrawn include: (check all that apply)

- Surgery
- Heart-Lung resuscitation (CPR)
- Mechanical Ventilator (respirator) or other respiratory devices (except oxygen as a comfort measure)
- Tube feeding (food and water delivered through a tube)
- Intravenous feeding (nutrition of fluids through an IV tube)
- Other _____

Section B

In the absence of my ability to give direction regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

This declaration shall remain in full force and effect unless and until revoked by me, either in writing or by verbal or nonverbal means of communication.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

This declaration made on _____
(Month, Date Year)

Signature of Declarant

Residency Address:

Social Security #:

Date

Time

The declarant has been personally known to me, I believe the declarant to be of sound mind, and I have witnessed the declarant's signature to the foregoing declaration.

Witness

Witness