

No Life Support Instruction

Date:

Patient Name:

Date of Birth:

Address:

Statement

I, , hereby instruct that in the event of a life-threatening condition where I am unable to make decisions, no extraordinary life support measures shall be administered to prolong my life artificially.

Witnesses

Witness 1 Name:

Signature:

Date:

Witness 2 Name:

Signature:

Date:

Patient Signature

Signature:

Date: