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## LIVING WILL

Declaration made this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, I \_\_\_\_\_  
willfully and voluntarily make known my desire that my dying not be artificially  
prolonged under the circumstances set forth below, and I do hereby declare that,  
if at any time I am incapacitated and

- \_\_\_\_\_ I have a terminal condition,  
or \_\_\_\_\_ I have an end stage condition,  
or \_\_\_\_\_ I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have  
determined that there is no reasonable medical probability of my recovery from  
such condition, I direct that life-prolonging procedures be withheld or withdrawn  
when the application of such procedures would serve only to prolong artificially  
the process of dying, 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 or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as  
the final expression of my legal right to refuse medical or surgical treatment and  
to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and  
informed consent regarding the withholding, withdrawal, or continuation of life-  
prolonging procedures, I wish to designate, as my surrogate to carry out the  
provisions of this declaration:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

(Signed): \_\_\_\_\_

*The principal's failure to designate a surrogate shall not invalidate the living will.*