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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such condition, I direct that life-prolonging procedures be withheld or withdrawn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.