

Advance Medical Directive *of* *William David Smith*

Advanced Medical Directives can vary considerably in what is specified and what is included. This sample may not include everything you wish and may even be the exact opposite of what you would like to specify. But don't let that put you off using our service - you will be able to get it just the way you want it. This sample will give you an idea of the look and feel of our documents. It is missing the crucial first and last pages. The first page would normally give you full instructions (and some tips) on how to complete your Advanced Medical Directives and what to do with it when it has been signed and witnessed. The last page (also missing) contains the signature details.

NB you cannot simply copy this document and end up with a legal document.

If you have been shopping around you might notice that our document is quite lite on legal jargon. We have removed as much legal mumbo jumbo as we can so that your document is easily understood by you, your relatives and your health care providers.

Of course we sincerely hope that this document will never need to be used.

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Advance Medical Directive.

I, William David Smith, of 123 Your Street, Your City., being of sound mind, do hereby declare that this is my Advance Medical Directive and certify that I am not acting under any undue influence, duress, or menace.

I revoke all earlier Advance Medical Directives.

This directive should be followed if I become permanently unable to participate in decisions regarding my medical care.

Medical Treatment.

This section states my firm and settled decisions regarding Medical Treatment.

If all the following conditions are met:

- 1) My doctor and another doctor (providing a second opinion) are in agreement that I have a terminal condition that cannot be cured.
- 2) Where my death would occur without the use of artificial life sustaining procedures.
- 3) Where I am unable to communicate my wishes.

I direct my healthcare providers to ...

Refrain from treatment that involves Artificial nutrition or Artificial hydration.
However I DO want maximum pain relief, even if this might hasten my death.

Power of Attorney for Health Care.

This section states my firm and settled decisions regarding the appointment of a health care Agent.

My Agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions.

I appoint as my Health Care Agent:

* Jessica Smith of 456 Another Sreet, Another City Phone:

My Agent shall make health care decisions based on the details given in this document and any views I may have previously expressed.

In the situation where my wishes are unknown, my Agent should make decisions based on what they consider to be in my best interests and in keeping with my known personal values.

Organ and Tissue Donation.

This section states my firm and settled decisions regarding organ and tissue donation.

I wish to donate my Heart and Corneas for the purpose of transplant only.