

Dr. Orlando F. Mills, MD, MPH  
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### Advance Directive / Living Will

An Advance Directive or Living Will is a document you fill out “in advance” which tells Dr. Mills and your loved ones exactly what kind of care you would like if you become unable to make medical decisions for yourself. An Advance Directive informs others if you **want** certain treatment or **DO NOT Want** certain treatment, despite your being unable to speak for yourself at the time. You may also designate a “Power of Attorney” (POA) who is someone who will speak for you on your behalf. This is a person *that you have chosen* to make health care decisions for you any time you are unable to make medical decisions. If you do not have a “Proxy” named, your family will be approached to make decisions for you if you are unable. An Advance Directive / Living Will guides your Proxy, family, and physician about what decisions to make for you about your medical care.

## Advance Directives/Living Will Form

<p>Consult this column for guidance:</p> <p>This declaration sets forth your directions regarding medical treatment</p> <p>You have the right to request the care you do want including <b>Allowing Natural Death.</b></p>	<p><b>TO MY FAMILY, DOCTORS, AND ALL THOSE CONCERNED WITH MY CARE:</b></p> <p>I, _____ (your name)</p> <p>being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care. If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recover, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.</p> <p>I direct that all medically appropriate measures be taken to sustain my life, regardless of my physical or mental condition.</p> <p>These directions express my legal right to refuse treatment. Therefore, I expect my family, doctors and everyone concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes, and in so doing to be free of any legal liability for having followed my direction.</p> <p>I _____ (print your name)</p> <p>want to Allow Natural Death (A-N-D) which includes:</p> <p><input type="checkbox"/> NO Cardiac resuscitation (CPR) <input type="checkbox"/> NO Resuscitation by chemicals/drugs <input type="checkbox"/> NO Mechanical respiration (ventilator)</p>
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If you desire, you can name a **Power of Attorney (POA)**, someone to see that your wishes are carried out.

Sign and date below in the presence of two adult witnesses, who should also sign.

Keep the signed original with your personal papers at home.

A signed copy of this form should be given to Dr. Mills Office for your electronic medical record.

This is a generic living will. You may obtain your own form from the Society for the Right to Die, 250 W. 57<sup>th</sup> St., NY, NY, 10107.

You may wish to consult an attorney before signing any living will.

Also, I want:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Power of Attorney:

Should I become unable to communicate my instructions as I have expressed in this form, I designate the following person to act on my behalf:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

If the person I have named above is unable to act on my behalf, I authorize the following person to do so:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**I wish to have all my health care providers comply with the wishes that I have expressed in this form and no prior form.**

**Signed / Date:** \_\_\_\_\_

**Patient Signature and Date**

Witness/Date: \_\_\_\_\_

Address: \_\_\_\_\_

Witness/Date: \_\_\_\_\_

Address: \_\_\_\_\_

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