

REVOCATION OF
ADVANCE DIRECTIVE FOR HEALTH CARE
(Oklahoma Statutes 63-3101.6)

I, _____,
Declarant, executed an Advance Directive for Health Care on the _____ day of _____, 20____, stating my desires and wishes regarding various aspects of my health care.

Oklahoma Statutes 63-3101.6 provides that an advance directive may be revoked in whole or in part at any time and in any manner by the declarant, without regard to the declarant's mental or physical condition and that a revocation is effective upon communication to the attending physician or other health care provider by the declarant or a witness to the revocation.

I hereby revoke all or those parts of that Advance Health-Care Directive as indicated below:

- All of the Advanced Directive for Health Care.
- Part I: Living Will.
- Part II: Appointment of Health Care Proxy.
- Part III: Anatomical Gifts.

This is my written revocation of my Advance Directive for Health Care and is provided to all persons to whom I have provided a copy of my Advance Directive for Health Care, including my physician.

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____