

**REVOCATION OF**  
**DIRECTIVE TO PHYSICIAN AND FAMILY OR SURROGATES**

I, \_\_\_\_\_, Declarant, having executed a Directive to Physician and Family or Surrogates on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Texas Health and Safety Code § 166.042 provides that I may revoke a directive at any time by:

(1) me or someone in my presence and at my direction canceling, defacing, obliterating, burning, tearing, or otherwise destroying the directive;

(2) me signing and dating a written revocation that expresses my intent to revoke the directive; or

(3) the me orally stating my intent to revoke the directive.

This is my written revocation of the above referenced Directive and I am providing a copy of it to my physician.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_