() ADVANCED DIRECTIVE () LIVING WILL

Hunterdon Healthcare

2100 Wescott Drive, Flemington, NJ 08822 • 908-788-6100

() REFUSED

DURABLE POWER OF ATTOHNEY FOR HEALTH CARE (PROXY DIRECTIVE)

DOB

WWW.nam		NAME	
If you wish, you may use this section will be in effect even	on to designate someone n if you have not designa	to make treatme ted a proxy.	ant decisions if you are unable to do so. Your Living
I,	, des isions for me, acting in	ignate the followi my best interest	ng person as my health care representative to , in the event that I become incapable of making
Name	Relationship		
Street			
City	State	Zip	Telephone
If the person I have named above it do so:	s unable to act as my her	alth care represe	ntative, I hereby designate the following person(s) to
1. Name	Relationship		
Street			• • • • • • • • • • • • • • • • • • • •
			Telephone
2. Name	Relationship		
Street			manufacturing of the personal of the property of the personal
City	State	Zip	Telephone
SPECIFIC DIRECTIONS: Please in	nitial the statement belo	ow that best exp	resses your wishes.
My health care representa or IV infusion, be withheld	tive is authorized to direct or withdrawn.	ct that artificially	provided fluids and nutrition, such as by feeding tube
My health care representation provided to preserve my life	ative does not have this le, to the extent medically	authority, and I	direct that artificially provided fluids and nutrition be
Signed			Date
Witness (cannot be health care rep	presentative or alternative	representative li	isted above). sign this document on his/her behalf, did so in m
Vitness			Date
Vitness			Date
terninder: Give a copy of this docume	ent to your doctor, health	care representati	ve, and other concerned individuals.

Written and approved by the Medical Society of New Jersey 7/95.