

DURABLE MEDICAL POWER OF ATTORNEY

I, _____, being of sound mind, do hereby designate _____, or alternatively in the event of his/her inability to serve, _____ (with the strong urging that he/she consult with _____ prior to making any decision) to serve as Attorney-in-Fact for the purpose of making treatment decisions for me (including the withholding or withdrawing of life-sustaining procedures, nutrition, and hydration) should I be diagnosed as having a terminal and irreversible condition and be comatose, incompetent, or otherwise mentally or physically unable to make such decisions for myself.

This authority specifically authorizes the Attorney-in-Fact to make the decision related to withholding life sustaining support measures as defined in La. R.S. 40:1299.58.1 et seq. It is my intention, wish, desire and I so declare (initial one only):

___ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

___ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I want to be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

I have also executed a document entitled "Living Will Declaration," concerning the withdrawal or withholding of life sustaining measures (a "living will"). It is my intent that, in the event there is a disagreement between that Living Will Declaration and the instructions of _____, health care providers shall follow the instructions in the "Living Will Declaration" (living will).

Date: _____

Principal's signature

Principal's Address

The Principal is personally known to me and I believe him to be of sound mind.

Date: _____

Witness

Date: _____

Witness

The undersigned hereby accepts the appointment created by this Power of Attorney to act as the Principal's true and lawful agent and Attorney-in-Fact.

Agent

WITNESSES: _____