

ADDENDUM TO MY MEDICAL POWER OF ATTORNEY

I, _____, do hereby refuse to be an organ donor. DO NOT perform any tests for the assessment of "brain death." I specifically refuse and forbid apnea testing for this purpose or any other purpose. DO NOT notify an organ procurement organization if I appear to be at or near death. DO NOT take any organs for transplantation or research.

I give my medical proxy (a.k.a. healthcare agent, surrogate, attorney in fact) the authority to see to the disposition of my mortal remains.

I direct that all explorations of "medical futility," treatment limitations including do-not-resuscitate orders, or bioethical assessment be first brought to my proxy's attention and reviewed and approved or rejected by my proxy before entry into the medical record.

Signature _____ Date _____

Witness No. 1:

(print) Name _____

(print) Address _____

Signature _____ Date _____

Witness No. 2:

(print) Name _____

(print) Address _____

Signature _____ Date _____

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