

DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

(Pursuant to Colorado Revised Statutes,
Section 15-18-101, *et seq.*)

I, _____, being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below, and hereby declare that:

1. If, at any time, my licensed, attending physician and one other licensed physician certify in writing that:

a. I have an injury, disease, or illness which is not curable or reversible and which, in their judgement, is an incurable, terminal condition; and

b. For a period of seven consecutive days or more, I have been unconscious, comatose, or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person, then

I direct that, in accordance with Colorado law, life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain. However, I may specifically direct, in accordance with Colorado law, that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration.

2. In the event the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

_____ a. Artificial nourishment shall not be continued when it is
Initial the only procedure being provided; or

_____ b. Artificial nourishment shall be continued for _____
Initial days when it is the only procedure being provided; or

_____ c. Artificial nourishment shall be continued when it is the
Initial only procedure being provided.

3. I execute this declaration as my free and voluntary act this
_____ day of _____, 200_____.
