

LIVING WILL

I,....., being of sound mind, do hereby willfully and voluntarily make known my desire that when I am terminally ill, a condition as diagnosed by my physician, I request physicians, nurses, and staff of the Be Well Medical Center, and of any other certified medical institute in Thailand where I will be admitted, treated or referred to, not to provide any medical care that would only serve either to artificially delay the moment of my death or to prolong the suffering from my illness.

I wish to decline the following life-sustaining treatments	Signature of Patient
Cardiopulmonary Resuscitation	
Tracheal Intubation	
Artificial Ventilation	
Intravenous Fluid	
Parenteral Nutrition	
Circulatory support using medications or medical equipment	
Care in Intensive Care Unit (ICU)	
Hemodialysis in case of renal failure	
Others, please specify <div style="text-align: center;">.....</div> <div style="text-align: center;">.....</div>	

All physicians, nurses, other healthcare providers who have executed my intention as stated in this Living Will are deemed not legally responsible and released from all liabilities. I read and understood the conditions and regulations of the Living Will as attached herein.

PATIENT DETAILS

Name:

Nationality:

Passport No:

Phone No:

Address:

PATIENT DECLARATION

I hereby certify that I am competent and fully conscious while filling out this document. I have read and clearly understood that this Living Will is in accordance with my wishes. I therefore sign my name in the presence of witnesses.

Signature:

Date:

Kantee Isareenuruk
License Number

Stamp of Notary Public

Signature:

Date:

Witness Name:

Signature:

Date:

Please state if spouse or relative of patient

Relationship:

DECLARATION BY PHYSICIAN

I, Dr....., License:, do hereby certify that the patient,
....., is fully conscious while completing this Living Will

Signature:

Date: