麻塞諸塞州醫療照護事前指示書

Massachusetts Advance Health Care Directive

在您無法表達意見時，這份指示書可讓您表達您希望得到的醫療照護。

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

指示書分爲三部分： This form has 3 parts:

第一部分 **選擇一位醫療代理人，第3頁** Part 1: Choose a medical decision maker, page 3

在您無法自己做決定時，您的醫療代理人會幫您做出醫療決定。
A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

這個人將是您的權益代言人。 This person will be your advocate.

她/他也被稱為醫療代理人、委託人、決策者或代理者。
They are also called a health care agent, proxy, or surrogate.

第二部分 **選擇您的醫療照護，第7頁** Part 2: Make your own health care choices, page 7

指示書讓您選擇自己想要的醫療照護。這樣，若您無法表達意見時，照護您的人就不需要揣測您的想法。 This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

第三部分 **在指示書上簽名，第13頁** Part 3: Sign the form, page 13

這份指示書必須簽名才可以生效。
The form must be signed before it can be used.

您可以填寫第一部分或第二部分，或兩部分都填寫。 You can fill out Part 1, Part 2, or both.

只填寫您想要的部分。但是一定要在指示書的第三部分簽名。 Fill out only the parts you want. Always sign the form in Part 3.

兩位見證人必須在第14頁簽名。 2 witnesses need to sign on page 14.

您的姓名 Your Name

Developed by PREPARE™ for your care

www.prepareforyourcare.org

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這是一份法律文件，可以讓您表達對於自己醫療照護的意願。

This is a legal form that lets you have a voice in your health care.

當您不能為自己發言時，這份指示書能讓您的家人、朋友和醫護人員知道您希望得到什麼樣的醫療照護。

It will let your family, friends, and medical providers know how you want to be cared for if you cannot speak for yourself.

我該如何處理這份指示書？

What should I do with this form?

- 請與您的家人、朋友和醫護人員分享這份指示書。
  Please share this form with your family, friends, and medical providers.
- 請確保您接受醫療服務的每個單位都保存一份副本。
  Please make sure copies of this form are placed in your medical record at all the places you get care.

如果我對指示書有疑問怎麼辦？

What if I have questions about the form?

- 如果您有疑問或不想回答某些問題，可以跳過指示書的任何部分。
  It is OK to skip any part of this form if you have questions or do not want to answer.
- 請您的醫生、護士、社工、家人或朋友幫忙。 Ask your doctors, nurses, social workers, family, or friends to help.
- 律師也可以幫忙。這份指示書並不提供法律建議。 Lawyers can help too. This form does not give legal advice.

如果指示書沒有我想要的醫療照護選項那該怎麼辦？

What if I want to make health care choices that are not on this form?

- 您可以在第12頁寫下其他對您重要的事項。
  On page 12, you can write down anything else that is important to you.

我在什麼時候需要重新填寫這份表格？

When should I fill out this form again?

- 如果您改變了醫療照護的選擇 If you change your mind about your health care choices
- 如果您的健康狀況有變化 If your health changes
- 如果您的醫療代理人有改變 If your medical decision maker changes

如果配偶是您的醫療代理人您和配偶離婚，對方將不再是您的代理人。 If your spouse is your decision maker, and you divorce, that person will no longer be your decision maker.

把新的指示書交給您的醫療代理人和醫護人員。 Give the new form to your medical decision maker and medical providers.

銷毀舊的指示書。 Destroy old forms.

與您的家人、朋友和醫護人員分享這份指示書和您的選擇。

Share this form and your choices with your family, friends, and medical providers.

您的姓名 Your Name

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第一部分 選擇您的醫療代理人

Part 1: Choose your medical decision maker

如果您不能為自己做決定，您的醫療代理人可以為您做出醫療決定。

Your medical decision maker can make health care decisions for you if you are not able to make them yourself.

一位稱職的醫療代理人是符合下列條件的家人或朋友：

A good medical decision maker is a family member or friend who:

- 年滿18歲 is 18 years of age or older
- 可以和您討論您的意願 can talk to you about your wishes
- 您有需要時可以隨時聯絡的到 can be there for you when you need them
- 您信任她/他會遵循您的意願並為您做最好的決定 you trust to follow your wishes and do what is best for you
- 您信任她/他並且告訴她/他您的醫療資訊 you trust to know your medical information
- 她/他不害怕對醫生提問，並說出您的意願 is not afraid to ask doctors questions and speak up about your wishes

法律上，您的醫療代理人不可以是您的醫生或是您的醫院或診所的工作人員，除非她/他是您的家人。 Legally, your decision maker cannot be your doctor or someone who works at your hospital or clinic, unless they are a family member.

如果我沒有選擇醫療代理人，會發生什麼情況？ What will happen if I do not choose a medical decision maker?

當您不能自己做決定時，醫生會請您的家人、朋友或法官為您做決定。這個人可能不知道您的意願。 If you are not able to make your own decisions, your doctors will turn to family and friends or a judge to make decisions for you. This person may not know what you want.

當您不能自己做決定時，您的醫療代理人可以為您做這些選擇：

If you are not able, your medical decision maker can choose these things for you:

- 醫生、護士、社工、照護者 doctors, nurses, social workers, caregivers
- 醫院、診所、療養院 hospitals, clinics, nursing homes
- 藥物、檢測或治療 medications, tests, or treatments
- 可以查看您的醫療資訊 who can look at your medical information

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您的醫療代理人可以為您做出更多決定： Here are more decisions your medical decision maker can make:

開始或停止維生系統或醫療照護，例如：
Start or stop life support or medical treatments, such as:

- **心肺復甦術，簡稱 CPR** CPR or cardiopulmonary resuscitation

  心 = 心臟 • 肺 = 肺臟 • 復甦 = 試圖復甦
  cardio = heart • pulmonary = lungs • resuscitation = try to bring back

  可能包括： This may involve:
  - 用力按壓胸部，使心臟維持輸送血液功能 pressing hard on your chest to try to keep your blood pumping
  - 透過電擊讓心臟再度跳動 electrical shocks to try to jump start your heart
  - 由靜脈藥物注射 medicines in your veins

- **呼吸輔助器或呼吸機** Breathing machine or ventilator

  呼吸輔助器把氧氣打入肺部，設法幫您呼吸。您在使用呼吸輔助器期間不能說話。 The machine pumps air into your lungs and tries to breathe for you. You are not able to talk when you are on the machine.

- **洗腎** Dialysis

  腎臟喪失功能時，洗腎機可以試圖净化您的血液。
  A machine that tries to clean your blood if your kidneys stop working.

- **餵食管** Feeding Tube

  您無法吞嚥時，使用餵食管來餵食。餵食管可以從鼻子插入通過喉嚨到達胃部，也可以經由手術插入胃部。 A tube used to try to feed you if you cannot swallow. The tube can be placed through your nose down into your throat and stomach. It can also be placed by surgery into your stomach.

- **輸血和輸液(靜脈注射)** Blood and water transfusions (IV)

  把血液或水分輸入身體。 To put blood and water into your body.

- **外科手術** Surgery

- **藥物** Medicines

您的醫療代理人可以做出這些生命末期決定： End of life decisions your medical decision maker can make:

- 邀請宗教或靈性導師到場 call in a religious or spiritual leader
- 決定您在家裡或在醫院裡離世 decide if you die at home or in the hospital
- 決定解剖檢驗或器官捐贈事宜 decide about autopsy or organ donation

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簽署這份指示書後，您允許您的醫療代理人： By signing this form, you allow your medical decision maker to:

- 在您無法表達您的意願時，同意、拒絕或撤除維生系統或醫療照護
  agree to, refuse, or withdraw any life support or medical treatment if you are not able to speak for yourself

如果有些事情您不想讓她/他做決定，請寫在這裡：
If there are decisions you do not want them to make, write them here:

請填寫您的醫療代理人姓名。 Write the name of your medical decision maker.

第一：如果我無法自己做醫療決定，我希望以下人士為我做醫療決定：
#1: I want this person to make my medical decisions if I am not able to make my own:

名字 first name　姓氏 last name

電話號碼(1) phone #1　電話號碼(2) phone #2　關係 relationship

地址 address　城市 city　州 state　郵遞區號 zip code

第二：如果第一人選不能代替我執行，我希望以下候補代理人為我做醫療決定：
#2: If the first person cannot do it, then I want this person to make my medical decisions:

名字 first name　姓氏 last name

電話號碼(1) phone #1　電話號碼(2) phone #2　關係 relationship

地址 address　城市 city　州 state　郵遞區號 zip code

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您為什麼選擇您的醫療代理人？ Why did you choose your medical decision maker?

如果您願意，可以寫下您為什麼選擇您的第一順位和第二順位代理人。
If you want, you can write why you chose your #1 and #2 decision makers.

寫下您不希望幫您做出醫療決定的任何人。
Write down anyone you would NOT want to help make medical decisions for you.

當您無法為自己發言時，您希望您的醫療代理人多嚴格地遵循您的意願？
How strictly do you want your medical decision maker to follow your wishes if you are not able to speak for yourself?

如果到時候醫生認為有更適合您的選項，讓您的代理人有改變您先前決定的彈性。
Flexibility allows your decision maker to change your prior decisions if doctors think something else is better for you at that time.

先前的決定可能是您寫下的意願或是與您的醫療代理人談過的意願。您可以在表格的第二部分寫下您的意願。 Prior decisions may be wishes you wrote down or talked about with your medical decision maker. You can write your wishes in Part 2 of the form.

請勾出一個您最同意的選擇。 Check the one choice you most agree with.

- ☐ **有完全的彈性：**如果到時候醫生認為有更適合我的選項，我的代理人可以改變我先前的任何醫療決定。 Total Flexibility: It is OK for my decision maker to change any of my medical decisions if my doctors think it is best for me at that time.
- ☐ **有一些彈性：**如果醫生認為對我最好，我的代理人可以改變我的某些決定。 但是以下，這些醫療意願我絕對不要改變： Some Flexibility: It is OK for my decision maker to change some of my decisions if the doctors think it is best. But, these wishes I NEVER want changed:
- ☐ **毫無彈性：**任何情況下，代理人都要遵循我所有的醫療意願。 即使醫生建議，也不可以改變我的決定。 No Flexibility: I want my decision maker to follow my medical wishes exactly. It is NOT OK to change my decisions, even if the doctors recommend it.

如果您願意，可以寫下您這麼想的原因。 If you want, you can write why you feel this way.

要選擇您的醫療照護，請翻到第7頁的第二部分。完成後，您必須在第13頁上簽署這份指示書。 請與您的家人、朋友和醫護人員分享您的意願。 To make your own health care choices, go to Part 2 on page 7. If you are done, you must sign this form on page 13. Please share your wishes with your family, friends, and medical providers.

您的姓名 Your Name

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第二部分

選擇您的醫療照護 Make your own health care choices

只填寫您想回答的問題。 Fill out only the questions you want

您想以什麼方式做醫療決定？ How do you prefer to make medical decisions?

有些人想要做出自己的醫療決定。有些人想要在做決定之前先聽取別人（家人、朋友和醫護人員）的意見。此外，有些人想要別人幫她/他做決定。 Some people prefer to make their own medical decisions. Some people prefer input from others (family, friends, and medical providers) before they make a decision. And, some people prefer other people make decisions for them.

請注意：醫護人員不能為您做決定。 她/他只能提供資訊協助做決定。
Please note: Medical providers cannot make decisions for you. They can only give information to help with decision making.

您想以什麼方式做醫療決定？ How do you prefer to make medical decisions?

- ☐ 我想要自己做醫療決定，不需要別人的意見。 I prefer to make medical decisions on my own without input from others.
- ☐ 我想要在聽取別人的意見之後再做醫療決定。 I prefer to make medical decisions only after input from others.
- ☐ 我想要別人幫我做醫療決定。 I prefer to have other people make medical decisions for me.

如果您願意，可以寫下您這麼想的原因以及您希望聽取誰的意見。 If you want, you can write why you feel this way, and who you want input from.

生活中最重要的是什麼？ 每個人對生活品質的看法都不相同。
What matters most in life? Quality of life differs for each person.

什麼對您的人生是最重要的？ What is most important in your life? 您可以複選。 Check as many as you want.

- ☐ 您的家人或朋友 Your family or friends _____
- ☐ 您的寵物 Your pets _____
- ☐ 嗜好，例如園藝、健行和烹飪 Hobbies, such as gardening, hiking, and cooking
  您的嗜好 Your hobbies _____
- ☐ 工作或志工 Working or volunteering _____
- ☐ 照顧自己以及保持獨立 Caring for yourself and being independent
- ☐ 不要成為家人的負擔 Not being a burden on your family
- ☐ 宗教或靈修：您的宗教 _____
  Religion or spirituality: Your religion
- ☐ 其他 Something else _____

什麼給您的生活帶來樂趣？ 您在生活中最盼望什麼？
What brings your life joy? What are you most looking forward to in life?

您的姓名 Your Name

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醫療照護，什麼對您是最重要的？這對每個人都不同。

What matters most for your medical care? This differs for each person.

對於某些人，主要目標是盡可能活得越久越好，即使：
For some people, the main goal is to be kept alive as long as possible even if:

- 她/他必須靠機器維生並且受苦 They have to be kept alive on machines and are suffering
- 她/他病得太重而無法和家人或朋友交談 They are too sick to talk to their family and friends

對於其他人，主要目標則是注重生活品質和舒適。
For other people, the main goal is to focus on quality of the life and being comfortable.

- 這些人寧願自然地離世，而不靠機器維生。 These people would prefer a natural death, and not be kept alive on machines

有些人則是在這兩者之間。**對您來說，什麼是重要的？** Other people are somewhere in between. What is important to you?

以您目前的健康現狀和未來處於生命末期的狀況，您的目標可能不同。
Your goals may differ today in your current health than at the end of life.

在您目前的健康狀況 TODAY, IN YOUR CURRENT HEALTH

請在這條線上勾出一個選擇，指出您在目前健康狀況下會有的感受。
Check one choice along this line to show how you feel today, in your current health.

我的主要目標是無論如何都要盡可能活得更久。
My main goal is to live as long as possible, no matter what.

同樣重要
Equally important

我的主要目標是注重生活品質和舒適。
My main goal is to focus on quality of life and being comfortable.

如果願意，您可以寫下這麼想的原因。 If you want, you can write why you feel this way.

在生命末期時 AT THE END OF LIFE

請在這條線上勾出一個選擇，指出如果您病而即將過世時，您會有的感受。
Check one choice along this line to show how you would feel if you were so sick that you may die soon.

我的主要目標是無論如何都要盡可能活得更久。
My main goal is to live as long as possible, no matter what.

同樣重要
Equally important

我的主要目標是注重生活品質和舒適。
My main goal is to focus on quality of life and being comfortable.

如果願意，您可以寫下這麼想的原因。 If you want, you can write why you feel this way.

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每個人在生命末期時對生活品質都有不同的看法。什麼對您是最重要的？ Quality of life differs for each person at the end of life. What would be most important to you?

在生命末期時： AT THE END OF LIFE:

有些人願意承受很多折磨，只希望有機會活得更久。 Some people are willing to live through a lot for a chance of living longer.

其他人知道某些事情會嚴重影響她/他的生活品質。 Other people know that certain things would be very hard on their quality of life.

- 那些事情可能會讓她/他想要注重生活的舒適，而不是活得更久。 Those things may make them want to focus on comfort rather than trying to live as long as possible.

在生命末期時，哪些事會嚴重影響您的生活品質？ 您可以複選。
At the end of life, which of these things would be very hard on your quality of life? Check as many as you want.

- ☐ 昏迷不醒，無法和家人或朋友交談 Being in a coma and not able to wake up or talk to my family and friends
- ☐ 必須靠機器維生 Not being able to live without being hooked up to machines
- ☐ 無法自己思考，例如嚴重失智症 Not being able to think for myself, such as severe dementia
- ☐ 無法自己進食、洗澡或照顧自己 Not being able to feed, bathe, or take care of myself
- ☐ 無法獨立生活，例如住在療養院 Not being able to live on my own, such as in a nursing home
- ☐ 有持續、嚴重的疼痛或不適 Having constant, severe pain or discomfort
- ☐ 其他 Something else _____

☐ **或者**，我願意承受以上所有的一切，只希望有機會活得更久。
OR, I am willing to live through all of these things for a chance of living longer.

如果願意，您可以寫下這麼想的原因。 If you want, you can write why you feel this way.

_____

_____

您有得過什麼嚴重疾病或是親近的人經歷過什麼重病或瀕死的經驗？ What experiences have you had with serious illness or with someone close to you who was very sick or dying?

- 如果您願意，您可以寫下當時順利或不順利的經歷及原因。
  If you want, you can write down what went well or did not go well, and why.

_____

_____

如果您即將離世，您想要在哪裡？ If you were dying, where would you want to be?

☐ 在家裡 at home ☐ 在醫院 in the hospital ☐ 都可以 either ☐ 我不確定 I am not sure

還有什麼是對您重要的，例如食物、音樂、寵物或是您希望那些人在您身邊？
What else would be important, such as food, music, pets, or people you want around you?

_____

_____

您的姓名 Your Name _____

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您要如何平衡生活品質和醫療照護？ How do you balance quality of life with medical care?

有時候，疾病或是試著幫助病人活得更久的治療會引發疼痛、副作用，並讓您沒有能力照顧自己。 Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

請先讀完整頁內容再做選擇。
Please read this whole page before making a choice.

在生命末期時，有些人願意承受一切，只希望能有機會活得更久。 但是也有些人知道那些選擇會嚴重影響她/他的生活品質。 AT THE END OF LIFE, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

維生系統包括心肺復甦術（CPR）、呼吸輔助器、餵食管、洗腎、輸血或輸液。
Life support treatment can be CPR, a breathing machine, feeding tubes, dialysis, or transfusions.

請勾出一個您最同意的選擇。
Check the one choice you most agree with.

如果您病重而即將離世，您會選擇？
If you were so sick that you may die soon, what would you prefer?

- ☐ **嘗試**醫生認為**所有可能有幫助的維生治療**。即使病情好轉的機會很小，而且不太可能活出我認為有意義的生活，我仍然想要**依靠這些維生治療**。
  Try all life support treatments that my doctors think might help. I want to stay on life support treatments even if there is little hope of getting better or living a life I value.

- ☐ **嘗試**醫生認為可能有幫助的**維生治療**。但是，如果治療無效，病情好轉的機會很小，而且不太可能活出我認為有意義的生活，我**不想依靠這些維生治療**。
  Do a trial of life support treatments that my doctors think might help. But, I DO NOT want to stay on life support treatments if the treatments do not work and there is little hope of getting better or living a life I value.

- ☐ **我不要使用任何維生治療**，而想注重生活的舒適。我寧願**自然地離世**。
  I do not want life support treatments, and I want to focus on being comfortable. I prefer to have a natural death.

您的醫護人員和醫療代理人對於這項選擇還應該知道什麼？ 或者，您為什麼作這個選擇？
What else should your medical providers and decision maker know about this choice? Or, why did you choose this option?

您的姓名 Your Name

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您的醫療代理人可能會被問及您世後的器官捐贈和遺體解剖事宜。請告訴我們您的意願。

Your decision maker may be asked about organ donation and autopsy after you die. Please tell us your wishes.

器官捐贈 ORGAN DONATION

有些人決定要捐贈她/他的器官或身體部位。您的選擇是什麼？

Some people decide to donate their organs or body parts. What do you prefer?

- ☐ 我**願意**捐贈我的器官或身體部位。
  I want to donate my organs or body parts.

  您願意捐贈哪個器官或身體部位？
  Which organ or body part do you want to donate?

  - ☐ 任何器官或身體部位 Any organ or body part
  - ☐ 只捐贈 Only _____

- ☐ 我**不想**捐贈我的器官或身體部位。 I do not want to donate my organs or body parts.

您的醫護人員和醫療代理人還應該知道哪些器官或身體部位的捐贈事宜？

What else should your medical providers and medical decision maker know about donating your organs or body parts?

_____

_____

遺體解剖 AUTOPSY

遺體解剖可以確定一個人的死因，會以外科手術進行。可能需要幾天的時間。

An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

- ☐ 我**想要**遺體解剖。 I want an autopsy.
- ☐ 我**不想要**遺體解剖。 I do not want an autopsy.
- ☐ 如果對我的死因有疑問，我**才**要遺體解剖。 I only want an autopsy if there are questions about my death.

宗教或靈修意願 RELIGIOUS OR SPIRITUAL WISHES

如果您願意，可以寫下您宗教或靈修的意願。 If you want, you can write down any religious or spiritual wishes.

_____

_____

_____

您的姓名 Your Name

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您的醫護人員和醫療代理人還應該知道那些有關您和您的醫療照護選擇？

What else should your medical providers and medical decision maker know about you and your choices for medical care?

自選：您想以什麼方式得到醫療資訊？

OPTIONAL: How do you prefer to get medical information?

有些人可能想要知道所有自己的醫療資訊。 其他人可能不想要。

Some people may want to know all of their medical information. Other people may not.

如果您上嚴重疾病，您希望醫護人員告訴您病情嗎？ If you had a serious illness, would you want your doctors and medical providers to tell you how sick you are or how long you may have to live?

- ☐ 我想要知道。 Yes, I would want to know this information.
- ☐ 我不想要知道。請跟我的醫療代理人討論。 No, I would not want to know. Please talk with my decision maker instead.

如果您願意，可以寫下您這麼想的原因。 If you want, you can write why you feel this way.

* 請與您的和醫護人員告訴您想以什麼方式得到醫療資訊。

* Talk to your medical providers so they know how you want to get information.

您的姓名 Your Name

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第三部分 在指示書簽名 Part 3: Sign the form

在本指示書可以使用之前，您必須： Before this form can be used, you must:

- 如果您年滿18歲，請在指示書上簽名 sign this form if you are 18 years of age or older
- 請兩位見證人在場見證下您在指示書上簽名 have two witnesses who can watch you sign this form

請簽名並註明今天的日期。 Sign your name and write the date.

簽名 sign your name

今天的日期 today's date

正楷名字 print your first name

正楷姓氏 print your last name

出生日期 date of birth

地址 address

城市 city

州 state

郵遞區號 zip code

見證人 Witnesses

在本指示書可以使用之前，您必須要有兩位見證人在指示書上簽名。
Before this form can be used, you must have 2 witnesses sign the form.

您的見證人必須： Your witnesses must:

- 年滿18歲 be 18 years of age or older
- 見證您在指示書上簽名 see you sign the form

您的見證人不可以是： Your witnesses cannot:

- 您的醫療代理人 be your medical decision maker

見證人必須在第14頁簽名。 Witnesses need to sign their names on page 14.

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請您的見證人簽名和填寫今天的日期。 Have your witnesses sign their names and write the date.

在此簽名後，即確認 _____ 在本人見證下在本指示書上親筆簽名。
第13頁的授權人

By signing, I promise that (the person named on page 13) signed this form while I watched.

她/他思維清楚，並且沒有被迫簽名。 They were thinking clearly and were not forced to sign it.

本人也證明： I also promise that:

- 我已年滿18歲 I am 18 years of age or older
- 我不是她/他的醫療代理人 I am not their medical decision maker

第一位見證人 Witness #1

簽名 sign your name　　日期 date

正楷名字 print your first name　　正楷姓氏 print your last name

地址 address　　城市 city　　州 state　　郵遞區號 zip code

第二位見證人 Witness #2

簽名 sign your name　　日期 date

正楷名字 print your first name　　正楷姓氏 print your last name

地址 address　　城市 city　　州 state　　郵遞區號 zip code

您現在已填妥這份指示書了。 You are now done with this form.

請把這份指示書交給您的家人、朋友和醫護人員。和她/他談論您的醫療意願。如需更多資訊，請至www.prepareforyourcare.org查詢。

Share this form with your family, friends, and medical providers. Talk with them about your medical wishes. To learn more go to www.prepareforyourcare.org.

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