

Advance Directive for Terminal Cancer Patients

Personal Information

Name

Date of Birth

Address

Phone

Medical Information

Diagnosis

Physician's Name

Hospital/Clinic

Advance Directives

- Life-sustaining treatment preferences

- Pain management and comfort care

- Artificial nutrition and hydration

- Organ and tissue donation

Healthcare Proxy/Representative

Name

Relationship

Phone Number

Address

Additional Instructions

Signature

Date

Witness Signature

Date