Sentara®

ADVD

Life-sustaining treatment during pregnancy attachment—Virginia

If you are pregnant when your attending physician says you have a terminal condition, and you want to update your wishes for life-prolonging procedures in your Advance Care Plan (Advance Directive), please complete this form.

Name _____ Social security number XXX - XX - _____

Address _____ City _____ State _____ Zip _____

Phone: (_____)_____ Date of birth _____ - _____ - _____

Instructions

If I am pregnant when my attending physician finds I have a terminal condition, my wishes concerning life-prolonging procedures in my Advance Care Plan (Advance Directive) should change as follows:

_____

_____

_____

_____

Signatures (required)

By signing below, I show that I understand this document, and I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

My signature _____ **Date** _____

Witness signatures

Witness #1 (print) _____ **Signature** _____

Witness #2 (print) _____ **Signature** _____

Note:

On your Sentara Advance Care Plan (Advance Directive), please initial the box on the second page under "additional information" to show you want this form included in your Sentara Virginia Advance Care Plan (Advance Directive).

Patient label