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MDPOA INTAKE FORM

Matter Reference: _____ **Client Name:** _____

Agent 1: Sole Agent Co-agent Co-agent, acting separately Successor agent

Name: _____ Address: _____

Phone: _____ Email: _____

Agent 2: Sole Agent Co-agent Co-agent, acting separately Successor agent

Name: _____ Address: _____

Phone: _____ Email: _____

Agent 3: Sole Agent Co-agent Co-agent, acting separately Successor agent

Name: _____ Address: _____

Phone: _____ Email: _____

Relationship to Living Will

Revoke Living Will? YES _____ NO _____

Living Will Control End of Life? YES _____ NO _____

Give, Withhold, Withdraw, or Modify Consent to Medical Treatment.

1. My Agent may give, withhold, withdraw, or modify consent to any medical procedure, test, or treatment, including surgery.

YES _____ NO _____

2. My Agent may also arrange and contract for my hospitalization, convalescent care, hospice or home care; and may summon paramedics or other emergency medical personnel and seek emergency treatment for me, all as my Agent shall deem appropriate.

YES _____ NO _____

My Agent's decisions should be guided by taking into account:

- a. The provisions of this Medical Durable Power of Attorney;
- b. Any reliable evidence or preferences that I may have expressed on the subject, whether before or after the execution of this Medical Durable Power of Attorney;
- c. What my Agent believes I want done in the circumstances if I were able to express myself; and
- d. Any information given to my Agent by the physicians treating me as to my medical diagnosis and prognosis, and the intrusiveness, pain, risks, and side effects associated with treatment.

My Agent may act pursuant to these instructions, even though to do so might hasten the moment of my death or be against conventional medical advice or the advice of my attending physician.

YES _____ NO _____

Medical Directives

I do not wish to receive medical treatment that only postpones the moment of my death from an incurable or terminal condition or, whether my condition is "terminal" or not, prolongs an "irreversible coma," and if a physician, who not is related to me, is licensed to practice in the state of my residence, and is familiar with my condition, has diagnosed and noted in my records that:

1. I am unable to give informed consent to medical treatment which is proposed or available for my condition and my condition is terminal as defined above; or
2. I am in a coma and the coma is irreversible as defined above;

Then, to comply with my wishes, my Agent is authorized to:

Direct that treatments or procedures which will only postpone the moment of my death or prolong an irreversible coma be withheld or, if previously instituted, direct that they be withdrawn.

I authorize any family member to be present when life support is discontinued.

YES _____ NO _____

Care and Control of My Body

With respect to my care and control of my body, my Agent is authorized to:

Provide Relief from Pain YES _____ NO _____

Provide Artificial Nourishment
and Hydration YES _____ NO _____

Dispose of My Body as My Agent
Determines to be My Final
Wishes Including Donating
My Body or Organs YES _____ NO _____

To include:
Making Advance Arrangements YES _____ NO _____

Making Anatomical Gifts YES _____ NO _____