Statement of implementation of decision on suspension of life-sustaining treatment

Patient	Name	Resident Registration Number
Physician	Name	License Number
	Affiliated Medical Institution	
Medical Institution	Name of the Medical Institution	Medical Institution Number
	Address	Telephone Number
Date		
Life-Sustaining Treatment	[ ] Cardiopulmonary Resuscitation [ ] Mechanical Ventilation [ ] Hemodialysis [ ] Chemotherapy [ ] Extracorporeal Membrane Oxygenation [ ] Transfusion [ ] Vasopressor Drugs	
The method of confirmation of the patient's decision	[ ] Advance directive [ ] POLST by the patient [ ] POLST by two family members [ ] POLST by all family members	

Date

Signature of the physician

Figure S1 Statement of implementation of decision on suspension of life-sustaining treatment.

https://dx.doi.org/10.21037/apm-21-3158