



Healing Hands at Home™

Orthopaedic Home Health & Rehabilitation, Inc.

Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) ____ Any needed organs or parts

(b) ____ Only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

(c) ____ My body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____

Donor's Date of Birth _____ Date Signed _____

Street Address _____

City _____ State _____

Witness _____

Street Address _____

City _____ State _____

Witness _____

Street Address _____

City _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).