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**MEDICAL
DIRECTIVE
ALERT**

← **FLIP OVER** →



**IN CASE OF
MEDICAL
EMERGENCY**

I, _____
 have a Health Care Directive and
 a Proxy who can speak for me, if
 I am unable to communicate my
 wishes for myself.

Location of Health Care Directive:

Signature:

www.dyingwithdignity.ca

Proxy: _____
 Phone: _____

Proxy: _____
 Phone: _____

Health Care Provider: _____
 Phone: _____

I have a Health Care Directive and a Proxy
 who can speak for me, if I am unable to
 communicate my wishes for myself.

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1. Print this page out at 100% size, in colour
2. Cut out and fold as indicated
3. Fill in ALL of your Health Care Directive details
4. Place in your purse or wallet where it can be readily found in case of an emergency

www.dyingwithdignity.ca

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Toll Free: **1-800-495-6156**

 DWDCanada  @dwdcanada

IT'S YOUR LIFE. IT'S YOUR CHOICE.

