

MEDICAL DIRECTIVE ALERT

← **FLIP OVER** →

IN CASE OF MEDICAL EMERGENCY

I, _____
 have an Advance Care Directive
 and an Attorney for Personal
 Care who can speak for me, if I
 am unable to communicate my
 wishes for myself.

Location of Advance Care Directive:

Signature:

www.dyingwithdignity.ca

APC: _____
 Phone: _____

APC: _____
 Phone: _____

Health Care Provider: _____
 Phone: _____

I have an Advance Care Directive and an Attorney
 for Personal Care (APC) who can speak for me, if
 I am unable to communicate my wishes for myself.

FOLD HERE

1. Print this page out at 100% size, in colour
2. Cut out and fold as indicated
3. Fill in ALL of your Advance Care Directive details
4. Place in your purse or wallet where it can be readily found in case of an emergency
5. Consider downloading a corresponding “fridge note” from the Dying With Dignity Canada website [HERE](#)

www.dyingwithdignity.ca

500 - 1835 Yonge St., Toronto, ON M4S 1X8

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

 DWDCanada  @dwdcanada

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

