



FOLD HERE
FOLD HERE

MEDICAL DIRECTIVE ALERT

← **FLIP OVER** →

IN CASE OF MEDICAL EMERGENCY

I, _____
 have an Advance Medical Directive
 and a Mandatary who can speak
 for me, if I am unable to
 communicate my wishes for myself.

Location of Advance Medical Directive:

Signature:

www.dyingwithdignity.ca

Mandatary:

 Phone: _____

Mandatary:

 Phone: _____

Health Care Provider:

 Phone: _____

Mandatary:

 Phone: _____

Mandatary:

 Phone: _____

I have an Advance Medical Directive and a Mandatary who can speak for me, if I am unable to communicate my wishes for myself.

1. Print this page out at 100% size, in colour
2. Cut out and fold as indicated
3. Fill in ALL of your Advance Medical 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](#)