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MEDICAL DIRECTIVE ALERT

← **FLIP OVER** →



IN CASE OF MEDICAL EMERGENCY

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

Location of Advance Directive: _____

Signature: _____

www.dyingwithdignity.ca

_____ Phone: _____
 _____ Health Care Provider: _____
 _____ Phone: _____
 _____ Representative: _____
 _____ Phone: _____
 _____ Representative: _____

I have an Advance Directive and a Representative 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 Advance 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](http://www.dyingwithdignity.ca)

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.

