

MEDICAL DIRECTIVE ALERT

← **FLIP OVER** →

IN CASE OF MEDICAL EMERGENCY

I, _____
 have an Advance Health Care Directive (AHCD) and a Substitute Decision-Maker who can speak for me, if I am unable to communicate my wishes for myself.

Location of AHCD: _____

Signature: _____

www.dyingwithdignity.ca

SDM: _____
 Phone: _____

SDM: _____
 Phone: _____

Health Care Provider: _____
 Phone: _____

I have an Advance Health Care Directive and a Substitute Decision-Maker (SDM) 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 Health 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

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

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