

**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: \_\_\_\_\_

Proxy: \_\_\_\_\_  
 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.**

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 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](http://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.

