



MEDICAL
DIRECTIVE
ALERT

← FLIP OVER →

IN CASE OF
MEDICAL
EMERGENCY

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

Location of Directive:

Signature:

www.dyingwithdignity.ca


Proxy: _____
 Phone: _____

Proxy: _____
 Phone: _____

Health Care Provider: _____
 Phone: _____

Proxy: _____
 Phone: _____

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



FOLD HERE

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 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.

