

End-of-Life Care Instructions

Date: _____

To Whom It May Concern,

I, [Your Name], residing at [Your Address], am writing this letter to outline my wishes regarding end-of-life care and related decisions. This document serves to guide my family and healthcare providers should I become unable to communicate my desires.

Medical Treatment Preferences:

- **Life-Sustaining Treatments:** [Specify preferences regarding resuscitation, mechanical ventilation, etc.]
- **Pain Management:** [Specify preferences on pain management strategies.]
- **Use of Antibiotics:** [Specify preferences regarding the use of antibiotics.]

Preferred Healthcare Providers:

Primary Physician: [Physician's Name and Contact Information]

Preferred Medical Facility: [Facility Name and Contact Information]

Surrogate Decision Maker:

Name: [Surrogate's Name]

Relationship: [Relationship to You]

Contact Information: [Surrogate's Contact Information]

Additional Wishes:

[Include any other personal, spiritual, or cultural wishes regarding your care, such as organ donation, funeral arrangements, etc.]

Thank you for respecting my wishes and helping ensure that my end-of-life care aligns with my values and beliefs.

Sincerely,

[Your Signature]

[Your Printed Name]