

Formal Request for End-of-Life Treatment Wishes

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Recipient's Position]

[Institution/Organization Name]

[Institution Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the opportunity to discuss and document my end-of-life treatment wishes. It is important to me that my preferences regarding medical care and interventions be clearly understood and respected.

As part of this process, I would appreciate your guidance regarding the necessary steps to ensure my wishes are formally documented, including any relevant forms or legal considerations.

Thank you for your attention to this matter. I look forward to discussing this with you at your earliest convenience.

Sincerely,

[Your Name]