

Advance Directive Consultation Request

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to request a consultation regarding advance directives. As I ponder the importance of planning for future healthcare needs, I believe it is crucial to establish my preferences in advance. I would like to discuss options, necessary documentation, and any relevant policies.

Please let me know your available times for a meeting, either in person or virtually. I appreciate your assistance in this matter.

Thank you for your attention to my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]