

Advance Healthcare Directive Submission

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Healthcare Facility/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally submit my Advance Healthcare Directive, which outlines my healthcare preferences and the individual I designate to make decisions on my behalf if I am unable to communicate my wishes.

Please find the completed Advance Healthcare Directive attached to this letter. I kindly request that you keep this document on file and inform the relevant staff of its existence.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]