

CPR Preferences Letter

Date: _____

To Whom It May Concern,

I, **[Your Name]**, born on **[Your Date of Birth]**, hereby express my preferences regarding Cardiopulmonary Resuscitation (CPR) in the event of a medical emergency.

CPR Preferences

Please indicate my preferences as follows:

- **In the event of cardiac arrest:** I wish to receive CPR.
- **In case of severe respiratory distress:** I wish to receive CPR.
- **Other preferences:** _____

I understand that this letter serves as a guide for my medical caregivers and that it is important for them to be aware of my wishes.

Thank you for your attention to my preferences.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]