

End-of-Life Care Instructions

Date: _____

To Whom It May Concern,

This letter serves as a formal instruction regarding my end-of-life care preferences.

Personal Information:

Name: _____

Date of Birth: _____

Address: _____

Healthcare Proxy:

Name: _____

Phone Number: _____

Medical Preferences:

1. Resuscitation: Yes / No
2. Mechanical Ventilation: Yes / No
3. Comfort Measures Only: Yes / No

Pain Management:

Please use medications as needed for pain relief.

Organ Donation:

I wish to be an organ donor: Yes / No

Additional Instructions:

Thank you for respecting my wishes during this critical time.

Sincerely,

Signature: _____