

# Medical Interventions Wishes

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], am writing this letter to document my specific wishes regarding medical interventions in the event that I am unable to communicate my preferences due to illness or incapacitation.

## Medical Interventions Preferences

- **Resuscitation:** I wish to be [intubated/not intubated] in the event of cardiac arrest.
- **Mechanical Ventilation:** I wish to be [placed on mechanical ventilation/not placed on mechanical ventilation] if I am unable to breathe on my own.
- **Feeding Tube:** I wish to be [provided with a feeding tube/not provided with a feeding tube] if I am unable to eat.
- **Palliative Care:** I prefer [aggressive treatment/palliative care] if I am diagnosed with a terminal illness.
- **Other Wishes:** [Any additional specific wishes regarding medical treatments].

## Healthcare Proxy

I designate [Proxy's Full Name] as my healthcare proxy to make medical decisions on my behalf should I be unable to do so. Their contact information is as follows:

- Phone: [Proxy's Phone Number]
- Email: [Proxy's Email Address]

Thank you for respecting my wishes regarding my medical care.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]