

Request for Patient Care Preferences

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request information regarding the patient care preferences for [Patient's Name], who is currently under your care. Understanding these preferences is essential in ensuring that [he/she/they] receive[s] the most appropriate and respectful care tailored to [his/her/their] needs.

Specifically, I would like to know:

- Any documented preferences regarding treatment and care.
- Information on advance directives or living wills.
- Insights into [Patient's Name]'s communication preferences.

Your assistance in this matter is greatly appreciated, as it will help guide the future care and decision-making processes for [Patient's Name].

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

Sincerely,

[Your Name]

[Your Relationship to Patient]