

PROFESSIONAL EXECUTOR'S INSTRUCTIONS
For

**INSTRUCTIONS FOR THE DISPOSITION OF PROFESSIONAL
PRACTICE IN THE EVENT OF DEATH OR DISABILITY**
This is not a legal document. It is intended for educational purposes only

UPDATED _____ (to be updated every year)

I have included an update patient list and reviewed my instructions with

The signature below indicates that he/she will be available to facilitate the carrying out of the above instructions.

Signature of Emergency Contact

date

The consent of those colleagues who will serve in carrying out these professional responsibilities has been obtained.

Your signature