

Letter of Authorization for Blood Transfusion

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Name of Hospital/Clinic] to proceed with the necessary blood transfusion for my [relationship to patient, e.g., son, daughter, etc.], [Patient's Full Name], who is scheduled for treatment on [Date of Procedure].

I understand the risks and benefits associated with a blood transfusion and give my consent for the medical team to administer this treatment as deemed necessary.

Please find my contact information below should you need to discuss this further:

Phone: [Your Phone Number]

Email: [Your Email Address]

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]