

Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding my gastrointestinal test appointment scheduled on [Date of Appointment] at [Location].

Details of the Appointment:

- Patient Name: [Your Name]
- Appointment Date: [Date of Appointment]
- Time: [Appointment Time]
- Doctor/Facility: [Doctor's Name or Facility Name]

I trust that [Authorized Person's Name] will represent me during this appointment and have the authority to discuss my condition as needed.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Name]

[Your Contact Information]