

# Authorization for Memory Care Evaluation

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the undersigned, hereby authorize [Facility/Organization Name] to conduct a memory care evaluation for my [relationship, e.g., mother, father], [Patient's Full Name], who resides at [Patient's Address].

This evaluation is essential for identifying the appropriate care and support needed for [Patient's First Name]. I understand that this process may involve assessments and discussions regarding [Patient's First Name]'s cognitive functioning and daily living activities.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require further confirmation or information.

Thank you for your attention to this important matter.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]