

Revocation of Power of Attorney for Healthcare Decisions

Date: _____

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby revoke any and all powers of attorney for healthcare decisions that I have previously granted to [Agent's Full Name], whose address is [Agent's Address]. This revocation is effective immediately.

I declare that as of the date of this letter, [Agent's Full Name] is no longer authorized to make healthcare decisions on my behalf. I request that all medical facilities and healthcare providers recognize this revocation.

Please direct any future healthcare decisions to the following individual: [New Agent's Full Name], residing at [New Agent's Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]