

Healthcare Representative Declaration Form

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, hereby declare that I appoint **[Representative's Full Name]** as my healthcare representative.

This appointment is effective immediately and will remain in effect until revoked in writing.

Representative's Contact Information:

- Phone: _____
- Email: _____

Signature of Patient: _____

Print Name: _____

Date of Birth: _____

Witness Information:

Witness Name: _____

Witness Signature: _____

Date: _____

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]