

# Medical Decision-Making Authority Assignment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby appoint [Appointee's Name], residing at [Appointee's Address], as my Medical Decision-Making Authority. This authority grants [Appointee's Name] the right to make medical decisions on my behalf in the event that I am unable to make such decisions due to illness, incapacity, or any other reason.

This assignment is made in accordance with my wishes and in consideration of the trust I have in [Appointee's Name] to act in my best interests regarding my medical care and treatment.

This authority is effective immediately and shall remain in effect until revoked in writing by me.

Thank you for your understanding and cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]