

Medical Proxy Appointment for Acute Care Situations

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, residing at **[Your Address]**, appoint the following individual as my medical proxy:

[Proxy's Full Name]

Relationship: **[Relationship to You]**

Address: **[Proxy's Address]**

Phone Number: **[Proxy's Phone Number]**

This appointment is made in accordance with my wishes regarding my medical treatment in acute care situations, in the event that I become unable to communicate my decisions. I trust my medical proxy to make decisions that align with my values and preferences.

This appointment shall remain in effect until revoked by me in writing.

Signature: _____

Printed Name: **[Your Full Name]**

Date: _____

Witness Name: _____

Witness Signature: _____

Contact Information: **[Witness's Contact Information]**