

# Medical Proxy Consent Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby designate [Proxy's Full Name], residing at [Proxy's Address], as my medical proxy.

This letter serves as my consent for [Proxy's Full Name] to make medical decisions on my behalf in the event that I am unable to do so during my hospitalization at [Hospital Name]. This includes the authority to consent to or refuse treatment as deemed necessary by healthcare professionals.

My medical history is as follows:

- [Medical Condition 1]
- [Medical Condition 2]
- [Medications]

In case of my hospitalization, I request that this letter be honored and upheld by all medical staff at [Hospital Name].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]