

Medical Proxy Designation Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Birthdate], residing at [Your Address], appoint [Proxy Full Name], born on [Proxy Birthdate], residing at [Proxy Address], as my medical proxy.

This designation empowers my proxy to make healthcare decisions on my behalf when I am unable to do so. This power includes, but is not limited to, consenting to or refusing medical treatment, accessing medical records, and making decisions about my care.

This designation will remain in effect until revoked in writing by me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Witness: [Witness Name] **Date:** [Date]