

Proxy Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], residing at [Your Address], authorize [Proxy's Name], born on [Proxy's Date of Birth], residing at [Proxy's Address], to act as my proxy in all matters pertaining to non-invasive medical procedures.

This authorization includes, but is not limited to, the ability to:

- Make medical decisions on my behalf regarding non-invasive procedures.
- Receive and review my medical information related to these procedures.
- Sign consent forms and other necessary documents.

This authorization is effective immediately and will remain in effect until [Insert End Date or "revoked by me in writing"].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]