

Request for Healthcare Proxy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Friend's Name]

[Friend's Address]

[City, State, Zip Code]

Dear [Friend's Name],

I hope this letter finds you well. I am writing to formally request your help in taking charge of my healthcare interactions in the event that I am unable to do so myself. Your understanding of my values and preferences makes you an ideal choice for this important role.

By agreeing to this request, you would be acting as my healthcare proxy, responsible for making decisions regarding my medical treatment, based on my wishes and best interests.

Please let me know if you are willing to accept this responsibility. It would bring me great peace of mind to have someone I trust by my side during difficult times.

Thank you for considering my request.

Sincerely,

[Your Name]