

Authorization Letter for Medical Equipment Rental

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to initiate a medical equipment rental agreement on my behalf for [Patient's Name], who is currently under my care.

Details of the patient are as follows:

- **Patient's Name:** [Patient's Full Name]
- **Patient's Date of Birth:** [Patient's DOB]
- **Patient's Medical Condition:** [Brief Description]
- **Equipment Required:** [List of Equipment]

This authorization is effective as of [Start Date] and will remain in effect until [End Date/Condition].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]