

Representation for Medical Care Choices

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally represent [Patient's Name], a patient under my care, regarding medical care choices. As [his/her/their] designated representative, I wish to ensure that [he/she/they] receives the appropriate care and services in line with [his/her/their] preferences and medical needs.

In accordance with [state/federal laws, or specific guidelines], I would like to communicate the following preferences for [Patient's Name]'s medical care:

- [Preference 1]
- [Preference 2]
- [Preference 3]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or clarification regarding [Patient's Name]'s care preferences.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization/Practice Name]

[Organization Address]

[City, State, Zip Code]