

Healthcare Agent Appointment Notice

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a formal notice of appointment of a healthcare agent on my behalf.

I, [Your Full Name], residing at [Your Address], hereby designate and appoint:

[Agent's Full Name]

[Agent's Address]

[Agent's Phone Number]

as my healthcare agent to make medical decisions on my behalf in the event that I am unable to do so.

This appointment is effective as of [Effective Date] and shall remain in effect until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]