

Medical Decision-Maker Registration

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Registration as Medical Decision-Maker

Dear [Recipient Name],

I am writing to formally register as a medical decision-maker for [Patient's Name], who is currently under your care. As [his/her/their] designated medical decision-maker, I am authorized to make healthcare decisions on [his/her/their] behalf in accordance with [his/her/their] wishes and best interests.

As outlined in [Patient's Name]'s advance directive/living will, I am prepared to assume this responsibility and ensure that [his/her/their] healthcare preferences are upheld. I appreciate your collaboration and support in this process.

Please find enclosed any required documentation, including identification and any relevant medical forms. I would be grateful if you could confirm the receipt of this letter and any additional steps that need to be undertaken.

Thank you for your attention to this matter. I look forward to working closely with you regarding [Patient's Name]'s care.

Sincerely,

[Your Signature (if mailing)]

[Your Printed Name]

[Your Relationship to Patient]