

Authorization for Follow-Up Health Check Appointment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Healthcare Provider's Name]

[Healthcare Facility's Name]

[Healthcare Facility's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I, [Your Name], hereby authorize [Name of the Person Authorized] to act on my behalf to schedule and attend a follow-up health check appointment.

This authorization allows [Name of the Person Authorized] to receive information regarding my health status and any necessary treatment options discussed during the appointment.

Please provide them with the same level of access as you would to me during this process.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]