

Special Power of Attorney for Healthcare Decisions

Date: [Insert Date]

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

[Agent's Full Name]

Address: [Agent's Address]

Phone: [Agent's Phone Number]

As my true and lawful attorney-in-fact for the purpose of making healthcare decisions on my behalf. This Special Power of Attorney is granted with full authority to make any necessary decisions regarding my medical treatment and care.

This authority includes, but is not limited to, decisions regarding:

- Medical treatments and procedures
- Hospitalization
- Long-term care
- End-of-life care

This power of attorney shall take effect immediately and shall remain in effect until revoked by me in writing.

In witness whereof, I have executed this Special Power of Attorney on the date first above written.

[Your Signature]

[Witness Signature]

[Witness Name]