

Special Power of Attorney for Medical Decisions

Principal: [Your Full Name]

Address: [Your Address]

Date: [Date]

I, [Your Full Name], born on [Your Date of Birth], hereby appoint [**Agent's Full Name**], residing at [**Agent's Address**], as my attorney-in-fact to make medical decisions on my behalf in the event that I am unable to do so.

This Special Power of Attorney for Medical Decisions shall become effective immediately and shall remain in effect until revoked by me in writing.

The powers granted to my attorney-in-fact shall include, but are not limited to, the following:

- Making decisions regarding my medical treatment and healthcare.
- Accessing my medical records.
- Consulting with healthcare providers regarding my condition.

In witness whereof, I have hereunto set my hand this [Date].

[Your Full Name], Principal

Witnesses:

1. _____
2. _____