

Healthcare Proxy Appointment Letter

Date: [Insert Date]

To Whom It May Concern,

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

Name: [Proxy's Full Name]

Address: [Proxy's Address]

Relationship: [Relationship to Proxy]

as my healthcare proxy to make medical decisions on my behalf if I am unable to do so due to my health condition.

This appointment is effective immediately and will remain in effect until revoked by me in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]