

Medical Power of Attorney Inquiry

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Recipient Name
Recipient Title
Recipient Organization
Address
City, State, Zip Code

Dear [Recipient's Name],

I am writing to inquire about the process of establishing a Medical Power of Attorney. I understand that this document is crucial for designating a trusted individual to make healthcare decisions on my behalf in the event that I am unable to do so.

Could you please provide information on the following:

- The necessary forms and documentation required
- Any specific requirements for designating an agent
- The process for submitting the document
- Any applicable fees associated with this process

Thank you for your assistance. I look forward to your prompt response.

Sincerely,
[Your Name]