

# Medical Treatment Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am writing to authorize medical treatment for my [relation], [Patient's Name], who is a patient under care at [Hospital/Facility Name].

This letter serves as official authorization for the provision of inpatient care and any necessary medical treatments as deemed appropriate by the attending medical staff.

Patient Information:

- Patient Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Insurance Provider: [Insurance Company Name]
- Policy Number: [Policy Number]

I understand that the medical staff will be making decisions regarding my [relation]'s health and well-being.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]