

Medical Proxy Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], hereby designate [Proxy's Full Name] as my medical proxy, with full authority to make healthcare decisions on my behalf in the event of an emergency where I am unable to communicate my wishes.

This authorization includes, but is not limited to, decisions regarding medical treatment, procedures, and the release of medical records. I trust that my proxy will act in my best interests and according to my previously expressed wishes.

This authorization is effective immediately and shall remain in effect until revoked in writing by me.

In witness whereof, I have signed this letter on the date above.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]

Witness: [Witness Full Name]

Signature: _____