

Medical Proxy Authorization Letter

Date: _____

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby designate my spouse, [Spouse's Full Name], as my medical proxy. This authorization is effective immediately and will remain in effect until revoked by me in writing.

My spouse is authorized to make all healthcare decisions on my behalf in the event that I am unable to do so due to illness, injury, or incapacity. This includes, but is not limited to, decisions regarding medical treatments, procedures, and end-of-life care.

Should there be any concerns or questions regarding my medical care, please do not hesitate to contact my spouse at [Spouse's Phone Number] or [Spouse's Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Date of Birth]

[Your Contact Information]