Sample Authorization for Medical Procedures

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Doctor's Name] and their medical team to perform necessary medical procedures, surgeries, and treatments on me, [Patient's Name], for the purpose of [Specify Purpose, e.g., medical treatment, surgery], effective from [Start Date] to [End Date], or until further notice.

I grant permission for the medical team to make informed decisions regarding my healthcare.

Please consider this letter as my formal authorization for medical procedures.

Sincerely,

[Your Signature]

[Your Printed Name]