

Healthcare Delegation Letter

[Patient's Name]

[Patient's Address]

[City, State, ZIP]

[Date]

[Proxy's Name]

[Proxy's Address]

To Whom It May Concern,

I, [Patient's Name], hereby designate [Proxy's Name] as my healthcare proxy. [Proxy's Name] is authorized to make medical decisions on my behalf in the event that I am unable to do so.

This delegation is effective from [Start Date] and will remain in effect until revoked in writing.

Sincerely,

[Patient's Signature]

[Patient's Name]