

Heartfelt Health Authorization Letter

Subject: Authorization for Health Decisions with Gratitude

Dear [Doctor/Nurse],

I, [Full Name], would like to authorize my spouse [Authorized Person's Name] to make healthcare decisions on my behalf if I am ever unable to do so. This includes medical consultations, access to my medical records, and treatment approvals.

This is not just a formal authorization but also an expression of my trust and love. I know that [Authorized Person's Name] will always choose what is best for me with compassion and care.

Thank you for honoring this request.

Warm regards,

[Your Full Name]

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