

Medical Treatment Or Medicine Authorization Letter

Dear [Doctor's Name],

I, [Your Name], would like to authorize [Name of Authorized Person] to obtain medical treatment and/or medication on my behalf. Due to unforeseen circumstances, I am unable to personally attend to this matter at this time.

I give my full consent for [Name of Authorized Person] to discuss my medical condition and treatment options with you and to make decisions regarding my care as necessary. I also authorize the release of any medical information necessary for the proper care and treatment of my condition. Please provide [Name of Authorized Person] with any necessary instructions and medication, and bill all charges to me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]