

Emergency treatment authorization

Subject: Emergency Medical Authorization

Dear [Doctor/Medical Staff],

I, [Name], authorize [Healthcare Facility Name] to administer emergency medical treatment to [Patient Name], born [DOB], in case of any urgent medical condition.

This includes diagnostic tests, necessary medications, and procedures to stabilize health.

Please contact me immediately at [Phone Number] for any updates.

Regards,

[Name]

[Date]

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