Authorization for short-term medical care at clinic or hospital

Subject: Authorization for Short-Term Medical Care

Dear [Healthcare Provider Name],

I, [Name], authorize [Patient Name], [Relationship], to receive short-term medical care, including treatment, medication administration, and follow-up visits, at [Facility Name] from [Start Date] to [End Date].

Please contact me at [Phone Number] for any urgent matters.

Sincerely,

[Name]

[Date]