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| **Authority Letter**Medical Treatment |
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| **Subject:** Authorization for Medical Treatment of Mr. Richard JohnsonDear Dr. Anderson,I, John Davis, am writing this letter to authorize Lisa Thompson to make medical decisions and provide consent on behalf of my elderly family member, Mr. Richard Johnson, in all matters related to medical treatment and care.Due to Mr. Johnson's advanced age and health condition, it has become necessary for me to designate a trusted individual to act as his agent in medical matters. I have full confidence in Lisa Thompson's ability to make informed decisions and ensure the best possible care for Mr. Johnson.**This authorization includes, but is not limited to, the following:**1. Consenting to medical procedures, surgeries, tests, and treatments as deemed necessary by the attending medical professionals.
2. Accessing and reviewing medical records and information relevant to Mr. Johnson's health.
3. Communicating with medical personnel, doctors, nurses, and other healthcare providers on behalf of Mr. Johnson.
4. Making decisions regarding medications, therapies, and any other medical interventions.

I understand that this authorization is effective from the date of this letter and will remain in effect until I provide written notice of its revocation or termination. I retain the right to revoke this authorization at any time, in writing.Please provide Lisa Thompson with any necessary forms or documents that may be required to facilitate her role as Mr. Johnson's authorized agent for medical decisions.I appreciate your understanding and cooperation in this matter. If you require any further information or documentation, please do not hesitate to contact me at (555) 123-4567 or johndavis@email.com.Thank you for your attention to this important matter.Sincerely,John Davis**Enclosure:** Copy of Mr. Richard Johnson's identification for verification purposes |

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