

# Medical Power of Attorney Authorization

Name of Principal:

Address of Principal:

Date of Birth:

## Designation of Agent

Name of Agent:

Address of Agent:

Phone Number of Agent:

## Alternate Agent (Optional)

Name of Alternate Agent:

Address of Alternate Agent:

Phone Number of Alternate Agent:

## Grant of Authority

Limitations and special instructions regarding the agent's authority:

## Effective Date and Duration

Effective Date:

Expiration Date (or "None"):

Additional Instructions or Statements:

Principal's Signature:

Date:

Witness Signature:

Date: