

# Revocation of Medical Treatment Power of Attorney

I, \_\_\_\_\_, hereby revoke the Medical Treatment Power of Attorney granted by me on \_\_\_\_\_ to \_\_\_\_\_.

This revocation is effective immediately.

## Principal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Attorney-in-Fact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

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## Witness

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_