

MEDICAL POWER OF ATTORNEY & HEALTHCARE PROXY

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Principal

Individual

Full Legal Name

SSN / ID

Doc Series

Address

In favor of:

Healthcare Agent

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Decisions the Agent May Make

Limitations

Alternate Agent

When the Authority Begins

3. EXECUTION & SIGNATURES

Principal

Signature

Full Legal Name

Date
