[Your Name]
[Your Address]
[City, State, Zip Code]
[Date]

To: [Name of Appointed Agent]
[Agent's Address]
[City, State, Zip Code]

RE: Instructions Regarding Medical Power of Attorney

Dear [Agent's Name],

I am writing to formally notify you that I have designated you as my Medical Power of Attorney (Health Care Agent). This document grants you the authority to make medical decisions on my behalf should I become incapacitated or unable to communicate my own wishes.

Attached to this letter is a copy of the executed legal document. Please review the following instructions regarding the execution of your duties:

1. Access to Documents: Original copies of my Medical Power of Attorney and Living Will are located at [Location, e.g., safe deposit box, desk drawer]. Digital copies have been sent to [Name of Doctor/Hospital].

2. My Medical Philosophy: My primary goal regarding my health care is [e.g., quality of life / preservation of life at all costs]. I trust your judgment to interpret my wishes based on the specific circumstances presented by medical professionals.

3. End-of-Life Wishes: If I am in a terminal condition or a persistent vegetative state, my wishes regarding life-sustaining treatment (such as ventilators or feeding tubes) are as follows: [Insert specific instructions].

4. Notification: In the event that you must exercise this power, please notify the following individuals immediately: [List Names and Phone Numbers].

5. Authority: You have full authority to request, review, and receive my medical records and to disclose them to other healthcare providers as necessary for my treatment.

Please sign below to acknowledge that you have received these instructions and are willing to act as my agent under the terms described in the attached legal document.

Sincerely,

[Your Signature]
[Your Printed Name]

Acknowledgment:

I, [Agent's Name], accept the appointment as Medical Power of Attorney and acknowledge receipt of these instructions.

_____
[Agent Signature]
[Date]