

# **MEDICAL POWER OF ATTORNEY INFORMATIONAL SHEET**

- 1). Full legal name of Grantor: \_\_\_\_\_  
Address of Grantor: \_\_\_\_\_  
Telephone # of Grantor: \_\_\_\_\_
- 2). Full legal name of Agent: \_\_\_\_\_  
Address of Agent: \_\_\_\_\_  
Telephone # of Agent: \_\_\_\_\_
- 3). Full legal name of Alternate Agent (optional): \_\_\_\_\_  
Address of Alternate Agent: \_\_\_\_\_  
Telephone # of Alternate Agent: \_\_\_\_\_
- 4). Do you authorize agent to make decisions regarding your body if you should die including burial, organ donations, and autopsies? \_\_\_\_\_
- 5). Do you authorize agent to make decisions regarding withdrawing life-support if you are terminally ill with no hope for recovery? \_\_\_\_\_
- 5). Do you authorize agent to make decisions regarding administrating and withdrawing artificial food/water (feeding tube)? \_\_\_\_\_
- 6). Are there any additional limitations you want to place on your agent in regards to making medical decisions on your behalf? \_\_\_\_\_
- 7). Primary Physician: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
- 8). When the Power of Attorney is to begin: \_\_\_\_\_
- 9). When the Power of Attorney is to begin: \_\_\_\_\_

Date: \_\_\_\_\_ Grantor's Signature \_\_\_\_\_

Please read the information sheet carefully and check for correct spelling of names and correct dates. Any wrong information or changes due to misspellings or changes by you will require a \$15.00 charge. You must notify us within 30 days if there are any errors or omissions. After 30 days there will be a charge for changes.