

MEDICAL DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS (MDPOA)

NAME _____ DOB _____

ADDRESS _____ PHONE# _____

1. Appointment of Agent and Alternates

Declarant, hereby appoint:

Name of Agent- Relationship

Agent's Best Contact Telephone Number

Agent's home address

as my Agent to make and communicate my healthcare decisions when I cannot. This gives my Agent the power to consent to, or refuse, or stop any healthcare, treatment, service or diagnostic procedure. My agent also has the authority to talk with healthcare personnel, get information, and sign forms as necessary to carry out those decisions.

If the person named above is not available or is unable to continue as my Agent, then I appoint the following person(s) to serve in the order listed below.

Name of Alternate Agent #1

Agent's Best Contact Telephone Number

Agent's home address

Name of Alternate Agent #2

Agent's Best Contact Telephone Number

Agent's home address

2. Instructions to Agent

My agent shall make healthcare decisions as I direct below or as I make know to him or her in some other way. If I have not expressed a choice about the decision or healthcare in question, my agent shall base his or her decision on what he or she, in consultation with my healthcare providers, determines in my best interest. I also request that my Agent, to the extent possible, consult me on the decisions and make every effort to enable my understanding and find out my preferences.

State here any desires concerning life-sustaining procedures, treatment, general care and services, including any special provisions or limitations:

My signature below indicates that I understand the purpose and effect of this document. I do hereby revoke and cancel any and all prior Medical Powers of Attorney that I may have previously done and executed:

Signature of declarant

Date

3. Signature of Witnesses and Notary

The signature of two witnesses and a notary are not required by Colorado law for proper execution of a MDPOA; however it may make the document more acceptable in other states.

The document was signed in our presence, and we, in the presence of each other at the Declarant's request, have signed our names below as witnesses. We are at least (18) years old.

Signature of Witness

Printed Name

Address

Signature of Witness

Printed Name

Address

Notary (Optional)

State of _____

County of _____

SUBSCRIBED and sworn to before me by

_____, the Declarant

and witnesses as the voluntary act and deed of the Declarant this _____ day of _____, 20_____

Notary Public _____

My commission expires: _____