

医疗委托书  
**MEDICAL POWER OF ATTORNEY**

我, \_\_\_\_\_, 出生年月 \_\_\_\_\_,  
I, \_\_\_\_\_, Date of Birth \_\_\_\_\_,

兹委托 \_\_\_\_\_ (被委托人姓名),  
Hereby appoint \_\_\_\_\_ (Name of the Agent),

在我无法做出医疗决定时, 代表我做出与我的医疗护理相关的所有决定。  
To make all decisions related to my medical care in the event that I am unable to make medical decisions.

我授予被委托人以下权力, 包括但不限于:  
I grant the agent the following powers, including but not limited to:

1. 选择或更换医生或其他医疗提供者;  
Choosing or changing doctors or other healthcare providers;
2. 访问我的个人健康信息并决定我的医疗照护;  
Accessing my personal health information and deciding my medical care;
3. 同意或拒绝医疗或外科治疗。  
Agreeing to or refusing medical or surgical treatments.

此委托书在我不能做出医疗决定时立即生效, 并在我恢复做出这些决定的能力时终止。  
This Power of Attorney becomes effective immediately when I am unable to make medical decisions and terminates when I regain the ability to make these decisions.

委托人签名: \_\_\_\_\_  
Principal Signature: \_\_\_\_\_

日期: \_\_\_\_\_  
Date: \_\_\_\_\_

请注意, 这只是一个模板, 并可能需要根据您的特定情况进行修改。在填写并使用这份医疗委托书之前, 您可能需要寻求法律专家的建议。另外, 一些地方可能需要此委托书在见证人或公证人在场的情况下签署, 以达到法律效力。

