

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Subject: Letter of Authorization for DNR Appointment

Dear [Recipient's Name],

I, [Your Full Name], born on [Your Date of Birth], hereby authorize [Authorized Person's Name] to act on my behalf regarding my Do Not Resuscitate (DNR) order. This authorization includes, but is not limited to, making decisions, signing documents, and handling all necessary paperwork related to my DNR appointment.

This authorization is effective as of [Effective Date] and will remain in effect until [End Date or "revoked in writing"].

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]