

MEDICAL DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS (MDPOA)

NAME _____ DOB _____

ADDRESS _____ PHONE# _____

1. Appointment of Agent and Alternates

I, as the Declarant, now appoint

Name of Agent _____

Agent's Telephone Number _____

Agent's home address (optional) _____

Agent's email address (optional) _____

as my Agent to make and communicate my healthcare decisions when I cannot because I lack decisional capacity to provide informed consent or refusal of medical treatment. This gives my Agent the power to consent to, refuse, or stop any healthcare, treatment, service or procedure. My agent also has the authority to communicate 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 below:

Name of Alternate Agent #1

Name of Alternate Agent #2

Agent's Telephone Number

Agent's Telephone Number

Agent's home address (optional)

Agent's home address (optional)

Agent's email address (optional)

Agent's email address (optional)

2. Instructions to Agent

My Agent can make healthcare decisions as I direct below or as I make known to him or her in some other way. If my Agent does not know my wishes, he or she is directed to act with my best interests in mind. I also ask that my Agent, as much as possible, ask me about decisions and make reasonable effort to understand me and find out what I prefer.

OPTIONAL: State any wishes for life-sustaining procedures, treatment, general care and services, including any special needs or limitations: _____

My signature below shows that I understand the purpose and reason for this document. **By signing this document, I revoke and cancel any and all prior Medical Durable Powers of Attorney that I may have previously created:**

Signature of declarant *Date*

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3. Signature of Witnesses and Notary (OPTIONAL)

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.

This document has been signed by

(Printed name of *declarant*)

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

Signature of Witness

Signature of Witness

Printed Name

Printed Name

Address

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

on this _____ day of _____, 20_____

Notary Public _____

My commission expires: _____