COLORADO MEDICAL DURABLE POWER OF ATTORNEY

I, ____ hereby appoint

____

Name of Agent

as my agent to make health care decisions for me.

____________________________ / ____________________________

Agent Home Phone *Cell Phone*

____

Agent Address

____

City / State / Zip Code

If the person named as my agent is not available or is unable or unwilling to act as my agent, I then appoint the following person to serve as listed below:

____

Name of Alternate Agent

____________________________ / ____________________________

Home Phone *Cell Phone*

____

Address

____

City / State / Zip Code

Patient signature required on reverse side

MDPOA

Health Care Agent

the conversation project
in boulder county
www.theconversationprojectinboulder.org

COLORADO MEDICAL DURABLE POWER OF ATTORNEY

This gives my agent the power to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel about my condition, access my medical records, get information and sign forms necessary to carry out those decisions, and make hospitalizations and institutional placement decisions.

By this document I intend to create a Medical Durable

Power of Attorney. This Power of Attorney shall continue during my incapacity. My agent shall make health care decisions as I may direct below or as I make known to him or her in some other way. If I have expressed a choice about the health care in question, my agent shall base his/her decision on what he/she believes to be in my best interest.

By signing here, I indicate that I understand the purpose and effect of this document.

____ ________________

Patient Signature *Date*

ALLERGIES: ____

MAJOR MEDICAL CONDITIONS: _____________________________-

____

PRIMARY CARE PHYSICIAN:

NAME: ____

PHONE; ____

February 18, 2019 8:45 AM