Heartfelt authorization between life partners

Subject: Medical Decision Authority for My Beloved [Spouse/Partner Name]

My Dearest Medical Team,

As the devoted spouse/partner of [Patient Full Name], I am writing to formally authorize medical treatment on their behalf during times when they cannot speak for themselves.

Our relationship spans [Duration], and I know [his/her/their] medical wishes better than anyone. [He/She/They] would want me to ensure [he/she/they] receive the best possible care, and I trust your professional judgment completely.

[Patient Name] has expressed the following medical preferences to me: [List any known preferences, living will details, or specific instructions]

Please know that [he/she/they] suffer from [any chronic conditions] and is allergic to [list allergies]. Current medications include [list medications].

I understand the gravity of medical decisions and accept full responsibility for choices made in [his/her/their] best interest. Please keep me informed of all developments and treatment options.

You can reach me 24/7 at [Phone] or [Email]. My alternate contact is [Name] at [Phone].

With deep trust in your expertise,

[Your Signature]

[Your Printed Name]

[Relationship to Patient]

[Date]