# MEDICAL POWER OF ATTORNEY

I, ____________________________, social security number ____-____-____, date of birth ___________________________, being at least eighteen years of age, revoke all prior MPOAs & living wills. Designate my agent below:

Agent's Name: ____________________________
Address: __________________________________
Home Telephone: ___________________________
Work Telephone: ____________________________

My agent shall be entitled to receive information from healthcare provider and to make every decision that I could make regarding my medical treatment during any period that I am not competent to effectively make or communicate my informed consent to, or refusal of, such treatment.

If the person named above as my agent is unavailable or unable to act as my agent, then I appoint the following person(s) to serve in that capacity in the order listed below (Appointment of one or more alternate agents is desirable, but not required):

Alternate Agent One:
Name: __________________________
Address: ________________________
Home Telephone: _________________
Work Telephone: _________________

Alternate Agent Two:
Name: ____________________________
Address: __________________________
Home Telephone: ___________________
Work Telephone: ____________________

This power of attorney shall take effect upon any and every event of my incompetence to effectively make or communicate my informed consent to, or refusal of, medical treatment and continue for the duration of each such event.

Dated the ____ day of ________________, 20 ____.

_________________________________________
Signature

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The following are optional, but recommended:

Agent: ___________________________________
Signature

STATE OF COLORADO )
) ss
COUNTY OF ______________________ )

Subscribed, sworn to and acknowledged before me by ___________________________,
the _____ day of________________, 20 _____.

Witness my hand and official seal
My commission expires ____________________________

_________________________________________
Notary Public

800 South Third Street, Montrose, CO 81401
970-249-2211

*NOTE: State laws vary and this form may not be accepted in states other than Colorado.*