

REVOCATION OF MEDICAL POWER OF ATTORNEY

I, _____, Declarant, having executed a Medical Power of Attorney on the ____ day of _____, 20____, naming _____ my attorney-in-fact/agent.

The Texas Health and Safety Code, § 166.155, provides that a medical power of attorney may be revoked by written notification to my agent or a licensed or certified health or residential care provider of my intent to revoke said power of attorney.

This is my written revocation of the above referenced Power of Attorney and I am providing a copy of it to my attorney-in-fact/Agent.

DATED this the ____ day of _____, 20____

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____