

**SPECIAL LIMITED MEDICAL  
POWER OF ATTORNEY**

**BY:** \_\_\_\_\_

**TO:** \_\_\_\_\_

- \* UNITED STATES OF AMERICA
- \* STATE OF LOUISIANA
- \* PARISH OF ST. TAMMANY
- \*

\*\*\*\*\*

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in and for the State and Parish aforesaid, and in the presence of the undersigned competent witnesses,

PERSONALLY CAME AND APPEARED:

\_\_\_\_\_, a competent person of the full age of majority domiciled in the Parish of St. Tammany, State of Louisiana (hereinafter sometimes referred to as "Appearer"), whose mailing address is \_\_\_\_\_ Street, Slidell, Louisiana 70458, and who declared that he/she has been married once to \_\_\_\_\_ with whom he/she is living and residing,(hereinafter referred to as the "PRINCIPAL"),

who declared that PRINCIPAL hereby names, deposes, constitutes, and appoints:

\_\_\_\_\_, a competent person of the full age of majority domiciled in the Parish of \_\_\_\_\_, State of Louisiana, whose mailing address is \_\_\_\_\_, Louisiana 70\_\_\_\_,

HEREINAFTER SOMETIMES REFERRED TO AS "AGENT"

to be PRINCIPAL'S AGENT and ATTORNEY-IN-FACT (the "AGENT") with full and complete authority to make any applicable decisions concerning any medical care on PRINCIPAL'S behalf, including the right to give consent to or approval for the performance of any type of medical procedure or examination, including but not limited

