

**Department of Health, Taipei City Government**  
**Mediation in medical dispute**  
**Power of Attorney (Patient Use)**

Client \_\_\_\_\_ fully designate \_\_\_\_\_ to  
communicate with \_\_\_\_\_ medical staff of  
\_\_\_\_\_ medical institutions to attend the  
mediation of medical dispute and authorize him/her to  
handle the issues in the meeting, including abandon,  
recognize the promise, withdraw the application and  
other special designated rights. The power of attorney is  
evidence.

To Department of Health, Taipei City Government

Client sign& seal :

Identification no. :

Trustee sign & seal :

Identification no. :

Applied Date: YY

MM

DD