

# Consent Form for Surgical Risks Discussion

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

**Dear [Patient's Name],**

This letter serves as a consent form for the discussion of surgical risks associated with your upcoming procedure, [Procedure Name]. It is important that you fully understand the potential complications and outcomes before proceeding.

## **Surgical Risks**

The following risks may be associated with the surgery:

- Risk 1
- Risk 2
- Risk 3
- Additional risks as discussed

Please indicate your consent to discuss the surgical risks outlined above by signing below:

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Witness Signature

If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]