

# Patient Consent for Surgery

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Name], hereby give my consent for the surgical procedure specified below:

## Surgery Details

- **Type of Surgery:** [Type of Surgery]
- **Date of Surgery:** [Date of Surgery]
- **Surgeon's Name:** [Surgeon's Name]

I understand the nature of the procedure, the associated risks, and the expected benefits as explained to me by my physician. I have had the opportunity to ask questions and have received satisfactory answers.

By signing this document, I confirm that I consent to undergo the aforementioned surgical procedure.

Patient's Signature: \_\_\_\_\_

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

Witness's Signature: \_\_\_\_\_

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