

# Pre-Operative Consent Information Guide

Date: [Insert Date]

Patient Name: [Patient's Name]

Procedure: [Name of the Procedure]

Surgeon: [Surgeon's Name]

## Introduction

Dear [Patient's Name],

This document serves to provide you with important information regarding your upcoming surgery scheduled on [Surgery Date]. It is essential that you understand the procedure, associated risks, and consent to proceed.

## Procedure Details

The procedure involves [brief description of the surgery]. It is expected to take approximately [duration of the procedure].

## Risks and Complications

As with any surgery, there are inherent risks. Possible complications include:

- [Risk 1]
- [Risk 2]
- [Risk 3]

## Benefits of the Procedure

The potential benefits of this surgery include:

- [Benefit 1]
- [Benefit 2]
- [Benefit 3]

## Questions and Considerations

Please feel free to ask any questions you may have regarding the procedure, risks, or recovery process. It is crucial that you feel fully informed before proceeding.

## Consent

By signing below, you acknowledge that you have been informed about the surgery, understand the risks and benefits, and consent to proceed with the operation.

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

Surgeon's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Information

If you have any questions before your surgery, please contact our office at [Office Phone Number] or [Office Email Address].

Sincerely,

[Surgeon's Name]

[Practice Name]