

Surgical Procedure Consent Clarification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Subject: Surgical Procedure Consent Clarification

Dear [Patient's Name],

We hope this message finds you well. We would like to take this opportunity to provide clarification regarding the surgical procedure that you consented to on [Insert Date of Consent].

Procedure Details:

- Procedure Name: [Insert Procedure Name]
- Date: [Insert Date of Surgery]
- Surgeon: [Surgeon's Name]
- Location: [Surgery Location]

The purpose of this procedure is to [Insert Purpose of the Procedure]. The anticipated benefits include [List Benefits], while potential risks may include [List Risks].

If you have any queries or require further clarification regarding the procedure, please do not hesitate to reach out to us at [Contact Information]. Your health and understanding are our priority.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]