

Consent for Medical Procedure

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Full Name], hereby provide my consent for the medical procedure described below:

Procedure Name: [Insert Procedure Name]

Date of Procedure: [Insert Date]

Physician's Name: [Insert Physician's Name]

Facility Name: [Insert Facility Name]

I confirm that I have been informed about the procedure and its associated risks and benefits. I understand that I have the right to ask questions and that I have received satisfactory answers to my inquiries.

By signing this letter, I acknowledge that I am consenting to the procedure and understand the implications of my decision.

Patient's Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____

Thank you.