

# Patient Agreement for Surgical Intervention

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

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

Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Dear [Patient Name],**

This letter serves as an agreement for your upcoming surgical intervention scheduled for [Date]. The procedure will be performed by [Surgeon's Name] at [Facility Name]. Below are the details and terms of your agreement:

**Procedure Description:**

[Brief description of the surgical procedure]

**Risks and Benefits:**

[Outline the potential risks and benefits associated with the surgery]

**Consent:**

By signing below, you acknowledge that:

- You have been informed about the nature of the procedure.
- You understand the risks and benefits involved.
- You have had the opportunity to ask questions.
- You consent to the surgical intervention.

**Patient Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Thank you for choosing [Facility Name]. We look forward to assisting you with your care.

**Sincerely,**

[Doctor's Name]

[Doctor's Title]

[Facility Name]