

Letter of Consent for Reconstructive Surgery

Date: [Insert Date]

To: [Surgeon's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Surgeon's Name],

I, [Patient's Name], born on [Date of Birth], hereby give my full consent to undergo reconstructive surgery for [specific procedure] on [scheduled surgery date].

I understand that this procedure is necessary due to [reason for surgery] and that it aims to [expected outcome of surgery]. I have been informed of the nature, risks, benefits, and alternatives of the proposed surgery.

I have had the opportunity to ask questions regarding this procedure, and all my questions have been answered to my satisfaction.

I understand that the outcome of this surgery cannot be guaranteed and that complications may occur. I agree to follow pre-operative and post-operative instructions as provided by [Surgeon's Name].

By signing below, I confirm that I am aware of the details of the surgery and the relevant information associated with it. I consent to the performance of the surgery by [Surgeon's Name] and his/her associates.

Sincerely,

[Patient's Name]

Signature: _____

Date: _____

Contact Information: [Patient's Phone Number]