

# Consent for Diagnostic Tests

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Name], hereby give my consent for the following diagnostic tests to be performed:

- [Test 1 Name]
- [Test 2 Name]
- [Test 3 Name]

I understand the purpose of these tests, potential risks, and the benefits that may arise from them. I have had the opportunity to ask questions and have received satisfactory answers.

I acknowledge that my participation in these tests is voluntary and that I may withdraw my consent at any time without any effect on my future care.

Patient Signature: \_\_\_\_\_

Patient Name: [Patient's Name]

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

Witness Signature: \_\_\_\_\_

Witness Name: [Witness's Name]

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