

Letter of Authorization for Surgical Procedure

Date: [Insert Date]

To: [Surgeon's Name]
[Medical Facility Name]
[Address]
[City, State, Zip Code]

Dear [Surgeon's Name],

I, [Patient's Full Name], hereby authorize you and your medical team to perform the surgical procedure titled "[Procedure Name]" on [Scheduled Date].

Details of the procedure are as follows:

- Diagnosis: [Diagnosis Description]
- Procedure Description: [Brief Description of the Surgery]
- Expected Duration: [Estimated Time for Surgery]

It has been explained to me the risks and benefits associated with this procedure, and I have had the opportunity to ask questions.

Please find attached my consent form, insurance information, and any medical records required for this procedure.

Thank you for your attention to this matter.

Sincerely,

[Patient's Signature]
[Patient's Printed Name]
[Patient's Date of Birth]
[Contact Information]