

# Surgical Procedure Risk Assessment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you about the surgical procedure you are scheduled to undergo on [insert date of surgery]. It is important to discuss the potential risks associated with this procedure. Below, we have outlined the risks that you should be aware of:

## Potential Risks:

- Infection at the surgical site
- Excessive bleeding
- Adverse reactions to anesthesia
- Blood clots
- Damage to surrounding organs or tissues
- Delayed healing

While we take every precaution to minimize these risks, it is essential that you understand them before proceeding. If you have any questions or concerns, please do not hesitate to contact our office.

Thank you for your attention to this important matter. We wish you a successful surgery and a smooth recovery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]