

Request for Exemption from Surgery

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Doctor's Name]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to formally request an exemption from the surgery scheduled on [insert date of surgery]. After careful consideration and discussions with my family and personal research, I feel that undergoing this surgical procedure may not be in my best interest at this time due to [provide reasons for exemption, e.g., personal health concerns, alternative treatment options, etc.].

I kindly ask for your understanding and support regarding this matter. If necessary, I would be happy to discuss possible alternatives or seek further evaluations to ensure that my health is adequately addressed.

Thank you for your attention to this request. I look forward to your response.

Sincerely,

[Your Name]