

Consent for Urology Test Procedure

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

To Whom It May Concern,

I, [Insert Patient Name], hereby give my consent for the urology test procedure as discussed with my healthcare provider, Dr. [Insert Doctor's Name]. I understand that this procedure involves [briefly describe the procedure].

I have been informed about the nature of the procedure, including potential risks and benefits, and I have had the opportunity to ask any questions regarding my concerns.

By signing this consent form, I acknowledge that I understand the purpose of the procedure and I consent to proceed with it.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

If at any point I wish to withdraw my consent, I can do so by informing my healthcare provider.

Thank you.