

# Inquiry for Surgical Consent Details

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Medical Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the surgical consent details regarding the upcoming procedure scheduled on [Insert Date of Procedure] for [Patient's Name].

Specifically, I would like to understand the following:

- The information that will be provided during the consent process.
- The risks and benefits associated with the procedure.
- Any alternative treatment options that will be discussed.
- Who will be present to explain and obtain the consent.

It is important for me to ensure that all necessary information is understood before proceeding. I appreciate any documentation or guidance you could provide regarding the consent process.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]