

# Request for Elucidation on Surgical Consent

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

[Recipient's Name]  
[Recipient's Title/Position]  
[Hospital/Clinic Name]  
[Hospital/Clinic Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request clarification regarding the surgical consent form that was presented to me on [date of the discussion]. As I prepare for my upcoming surgery scheduled for [surgery date], I want to ensure that I fully understand the document and the risks, benefits, and alternatives outlined therein.

Specifically, I would like to clarify the following points:

- [Point 1]
- [Point 2]
- [Point 3]

Your assistance in elucidating these aspects would be greatly appreciated, as it will help me make an informed decision regarding my treatment.

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

Sincerely,

[Your Name]