

# Surgical Consent Explanation Request

Date: [Insert Date]

To: [Surgeon's Name]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

Dear [Surgeon's Name],

I hope this message finds you well. I am writing to formally request a detailed explanation of the surgical consent for my upcoming procedure scheduled on [insert date].

As a patient, it is crucial for me to fully understand the procedure, associated risks, benefits, and alternatives involved. I would appreciate it if you could provide this information at your earliest convenience.

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

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]