

Surgical Consent Form Clarification

Date: _____

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are reaching out to provide clarification regarding the surgical consent form you signed on [date of consent]. It is important that you fully understand the details involved in your upcoming procedure.

Procedure Overview:

[Provide a brief description of the procedure]

Risks and Benefits:

[Outline potential risks and benefits here]

Post-Operative Care:

[Detail post-operative care instructions]

If you have any further questions or need more information, please do not hesitate to reach out to our office at [Phone Number] or [Email Address]. It is our priority to ensure you are comfortable and informed about your surgical journey.

Sincerely,

[Surgeon's Name]

[Hospital/Clinic Name]

[Contact Information]