

Informed Consent for Surgery

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

Dear [Patient Name],

You are being asked to give your consent for a surgical procedure. This letter contains important information about the procedure, its risks, benefits, and alternatives.

Procedure Description

The surgery will involve [insert brief description of the procedure]. The anticipated duration of the surgery is [insert time].

Potential Benefits

The expected benefits of this procedure include [insert benefits].

Risks and Complications

As with any surgical procedure, there are risks involved. These include, but are not limited to:

- [Insert Risk 1]
- [Insert Risk 2]
- [Insert Risk 3]

Alternatives

Alternatives to this surgery include [insert alternatives].

Your Consent

By signing below, you acknowledge that you have received and understood the information provided about the surgery, including its risks and benefits, and that you have had the opportunity to ask questions.

Signature: _____

Date: _____

Contact Information

If you have any questions, please contact [Insert Contact Name] at [Insert Contact Number].

Sincerely,

[Insert Physician's Name]

[Insert Hospital/Clinic Name]