

Discussion of Surgical Risks and Benefits

Date: [Insert Date]

Patient Name: [Insert Patient's Name]

Patient Address: [Insert Patient's Address]

Dear [Insert Patient's Name],

We appreciate you taking the time to discuss your upcoming surgery scheduled for [Insert Date]. It is important to us that you fully understand both the risks and benefits associated with the procedure.

Benefits of Surgery

- [Insert Benefit 1]
- [Insert Benefit 2]
- [Insert Benefit 3]

Potential Risks

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

If you have any further questions or concerns, please do not hesitate to reach out to our office. Your understanding and comfort are our priorities.

Sincerely,

[Insert Doctor's Name]

[Insert Doctor's Title]

[Insert Hospital/Clinic Name]

[Insert Contact Information]