Surgical Procedure Disclosure Agreement for Experimental Treatments

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Introduction

Dear [Patient's Name],

This letter serves to inform you about the surgical procedure involving experimental treatments that you are considering. It is important that you fully understand the nature of the surgery, the associated risks, benefits, and any alternative options available.

Procedure Description

The proposed surgical procedure is:

[Insert Description of the Procedure]

Risks and Benefits

As with any surgical procedure, there are potential risks and benefits. These include:

- **Risks:** [List Risks]
- **Benefits:** [List Benefits]

Alternative Options

Before proceeding with the surgical treatment, it is crucial to consider all alternative options, including:

- [List Alternative Options]

Consent

By signing below, you acknowledge that you have been informed about the surgical procedure, understand the risks and benefits, and have had the opportunity to ask questions. Your consent is voluntary.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Contact Information

If you have any questions or concerns, please feel free to contact us at:

[Insert Contact Information]

Thank you for your attention to this important matter.

Sincerely,

[Insert Physician's Name]
[Insert Department / Institution]