

# Patient Approval for Updated Treatment Plan

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Full Name], hereby acknowledge that I have received and reviewed the updated treatment plan proposed by my healthcare provider, [Provider's Name].

The details of the updated treatment plan are as follows:

- Diagnosis: [Insert Diagnosis]
- Treatment Objectives: [Insert Objectives]
- Proposed Treatments: [Insert Treatments]
- Expected Outcomes: [Insert Outcomes]
- Duration of Treatment: [Insert Duration]

I understand the risks and benefits associated with this treatment plan and I have had the opportunity to ask questions regarding it. I consent to proceed with the proposed treatments.

Signature: \_\_\_\_\_

Patient Name: [Patient's Full Name]

Date: \_\_\_\_\_

Thank you,

[Patient's Contact Information]