

Patient Permission Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Full Name], born on [Date of Birth], am writing to provide my permission for modifications to my treatment plan as discussed with my healthcare provider.

After thorough consideration and discussions regarding the benefits and risks associated with the proposed modifications, I hereby consent to the following changes:

- [Modification 1]
- [Modification 2]
- [Modification 3]

I understand that these modifications are intended to improve my health outcomes and that I have the right to ask questions and express concerns regarding my treatment.

Thank you for your attention to this matter.

Sincerely,

[Patient's Signature]

[Patient's Printed Name]

[Patient's Contact Information]