

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Healthcare Provider's Name]
[Healthcare Facility's Name]
[Facility Address]
[City, State, ZIP Code]

Subject: Letter of Consent for Medical Procedure

Dear [Healthcare Provider's Name],

I, [Your Full Name], hereby give my consent for the following medical procedure(s):

- [Name of the Procedure]
- Date of Procedure: [Date]
- Reason for Procedure: [Reason]

I understand the nature of the procedure, its purpose, and the potential risks and benefits involved. I have had the opportunity to ask questions regarding the procedure and have received satisfactory responses.

I confirm that I am providing this consent voluntarily and without any coercion.

Patient Signature: _____

Date: _____

Guardian Signature (if applicable): _____

Date: _____

Best regards,

[Your Full Name]

[Your Signature]