

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Subject: Consent for Knee Replacement Surgery

Dear [Doctor's Name],

I, [Your Full Name], born on [Your Date of Birth], hereby give my consent for the knee replacement surgery as discussed with me during my consultation on [Consultation Date]. I understand the nature of the procedure, including risks, benefits, and potential complications. I acknowledge that I have had the opportunity to ask questions regarding the surgery and have received satisfactory answers. I am aware of alternative treatment options and have opted for knee replacement surgery to address my knee condition.

I agree to follow all pre-operative and post-operative instructions provided by the medical team to ensure the best possible outcome.

By signing this consent letter, I confirm that I understand and agree to the surgery.

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____

Thank you.

Sincerely,

[Your Full Name]