

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

Subject: Consent for Rhinoplasty Surgery

Dear [Surgeon's Name],

I, [Patient's Full Name], hereby give my voluntary consent for rhinoplasty surgery scheduled on [date of surgery] at [location of surgery]. After comprehensive discussions regarding the procedure, I acknowledge that I have received enough information regarding the surgery, including the benefits, risks, and potential complications. I understand the following:

- The purpose of the procedure is to [briefly state the purpose, e.g., improve aesthetic appearance, correct breathing issues].
- Potential risks include, but are not limited to, infection, scarring, complications related to anesthesia, and dissatisfaction with the results.
- The recovery process and expected timeline for healing have been explained to me.

I confirm that I have provided an accurate medical history and informed the surgeon about any allergies or medications I am currently taking. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I understand that any surgical procedure involves uncertainty and that results can vary. I am aware that I can withdraw my consent any time before the procedure.

By signing below, I consent to undergo rhinoplasty surgery and acknowledge that I have read and understood the contents of this consent form.

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

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

Surgeon's Signature: \_\_\_\_\_

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

Thank you for your attention.

Sincerely,

[Your Name]