

[Your Name]  
[Your Title/Position]  
[Your Practice/Clinic Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Rhinoplasty Risk Disclosure

I hope this message finds you well. As part of the pre-operative process for your upcoming rhinoplasty, I want to ensure that you are fully informed about the potential risks and complications associated with the procedure.

Rhinoplasty, while generally considered safe, carries certain risks. It is important for you to understand these before making your decision. The following are some of the potential risks:

1. **Infection**: Although rare, surgical site infections can occur and may require additional treatment.
2. **Scarring**: Some degree of scarring is expected, and while most scars heal well, some may be more noticeable than others.
3. **Nasal Obstruction**: Post-operative swelling can cause temporary nasal obstruction. In some cases, this may be permanent.
4. **Asymmetry**: There is a possibility of asymmetry occurring post-surgery, which may require additional procedures to correct.
5. **Changes in Sensation**: Some patients may experience changes in sensation around the nose, which could be temporary or permanent.
6. **Need for Revision Surgery**: Occasionally, patients may wish to undergo revision surgery for aesthetic or functional reasons.

Please review this information carefully. Should you have any questions or concerns, do not hesitate to reach out to me directly. Your safety and satisfaction are my top priorities, and I am here to support you through this process.

By signing below, you acknowledge that you have read and understood the risks associated with rhinoplasty.

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[Patient's Signature]

[Date]

Thank you for entrusting me with your care.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Practice/Clinic Name]