

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

Dear [Doctor's Name],

Subject: Consent for Knee Replacement Procedure

I, [Patient's Full Name], born on [Patient's Date of Birth], hereby give my consent for the knee replacement procedure as discussed in our recent consultations. I understand that this procedure is intended to relieve pain, improve mobility, and enhance my overall quality of life.

I acknowledge that the procedure will involve the replacement of damaged cartilage and bone in my knee with an artificial joint. I have been informed about the nature of the procedure, its benefits, potential risks, complications, and alternatives.

I understand that these risks may include, but are not limited to:

- Infection
- Blood clots
- Nerve or blood vessel damage
- Implant failure
- Anesthesia complications

I have had the opportunity to ask questions regarding the procedure, and all my questions have been adequately answered. I know that post-operative care will be necessary for my recovery, and I am committed to following the outlined rehabilitation plan.

I am aware that I can withdraw my consent at any time before the procedure.

By signing this letter, I confirm my understanding and voluntary consent to undergo the knee replacement procedure as outlined.

Patient's Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

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

Thank you for your attention to my health and well-being.

Sincerely,

[Patient's Full Name]