

Consent Letter I, the undersigned, hereby give my full consent for medical examination, treatment, and procedures deemed necessary by the attending healthcare professionals. I understand the nature of the treatment, possible risks, and benefits involved, and I acknowledge that I have had the opportunity to ask questions and receive satisfactory answers. I confirm that I am providing this consent voluntarily and without any form of coercion. This consent remains valid for the duration of the treatment or until revoked in writing. **Patient Name:** _____

Signature: _____ **Date:** ____ / ____ / ____ **Witnessed by: Name:**
_____ **Signature:** _____ **Date:** ____ / ____ /
