

# Consent Form for Surgical Procedure

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

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Procedure: \_\_\_\_\_

## Informed Consent

I, the undersigned patient, hereby give my consent to undergo the surgical procedure described above. I understand the nature of the surgery, the potential risks and benefits, and the alternatives available to me.

## Risks and Complications

I acknowledge that I have been informed about the potential risks associated with this procedure, which include, but are not limited to:

- Infection
- Bleeding
- Allergic reactions to anesthesia
- Post-operative pain

## Patient Acknowledgment

I have had the opportunity to ask questions and have received satisfactory answers regarding the surgical procedure and the associated risks. I understand the information presented to me.

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

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

## Witness Signature

Witness Name: \_\_\_\_\_

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

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