

# **Informed Consent for Surgical Intervention**

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

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

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

## **Procedure Details**

Type of Surgery: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

## **Introduction**

This document serves to inform you about the nature of the surgical intervention you are about to undergo, its potential risks and benefits, and your rights regarding this procedure.

## **Nature of the Procedure**

The purpose of the surgery is to: \_\_\_\_\_

During the procedure, the following will occur: \_\_\_\_\_

## **Benefits**

The expected benefits of the surgery include: \_\_\_\_\_

## **Risks and Complications**

As with any surgical procedure, there are risks involved. These may include: \_\_\_\_\_

## **Alternative Treatments**

Other treatment options available to you include: \_\_\_\_\_

## **Patient Rights**

You have the right to ask questions and seek clarification about the procedure, as well as the right to withdraw your consent at any time prior to the surgery.

## **Consent**

I have read and understood the information provided above. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I consent to the above-mentioned surgical procedure.

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

Surgeon Signature: \_\_\_\_\_ Date: \_\_\_\_\_