

# Surgery Consent Form

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

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

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

## Procedure Description

I, \_\_\_\_\_, understand that I am scheduled for the following procedure:

\_\_\_\_\_

## Risks and Benefits

I have been informed of the potential risks and complications, which include:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Benefits expected from this procedure include:

- \_\_\_\_\_
- \_\_\_\_\_

## Alternatives

Alternative treatment options have been discussed with me, including:

- \_\_\_\_\_
- \_\_\_\_\_

## Consent

I hereby give my consent for the surgery to be performed by Dr. \_\_\_\_\_ and the surgical team. I understand that I may withdraw my consent at any time prior to the surgery.

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

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