

Surgical Treatment Consent Explanation

Date: _____

Patient Name: _____

Physician Name: _____

Procedure: _____

Purpose of the Procedure

The purpose of this procedure is to _____.

Benefits of the Procedure

Potential benefits include:

- _____
- _____
- _____

Risks and Complications

Possible risks and complications include:

- _____
- _____
- _____

Alternative Treatments

Alternative treatment options include:

- _____
- _____

Post-Procedure Care

Post-operative care will involve:

- _____
- _____

Consent

I, _____, have read and understand the above information. I consent to the surgical procedure described above.

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____