

Patient Consent for Outpatient Procedure

Date: _____

Patient Name: _____

Patient ID: _____

Address: _____

Phone Number: _____

Procedure Details

Procedure Name: _____

Scheduled Date: _____

Healthcare Provider: _____

Consent Statement

I, the undersigned, hereby consent to the above-mentioned outpatient procedure as explained to me by my healthcare provider. I understand the nature of the procedure, the potential risks, and the benefits involved.

Patient Acknowledgment

I acknowledge that I have had the opportunity to ask questions regarding the procedure and that all my questions have been answered to my satisfaction.

Patient Signature

Patient Signature: _____

Date: _____

Witness Signature

Witness Name: _____

Witness Signature: _____

Date: _____