

Medical Procedure Consent Form for Diagnostic Tests

Date: _____

Patient Name: _____

Date of Birth: _____

Patient ID: _____

Procedure:

I hereby give my consent for the following diagnostic test(s):

Description of the Procedure:

A brief description of the diagnostic test, its purpose, and how it will be performed.

Risks and Complications:

I understand that there may be risks associated with the procedure, including but not limited to:

- _____
- _____
- _____

Alternatives:

Alternative options have been explained to me, including:

- _____
- _____

Patient Declaration:

I, the undersigned, consent to the procedure stated above and acknowledge that I have been informed about the procedure, its risks, and alternatives.

Patient Signature: _____

Witness Signature: _____