

Medical Procedure Consent Form

Patient Name: _____

Patient ID: _____

Date of Birth: _____

Procedure: _____

Surgeon: _____

Date of Procedure: _____

Consent Statement

I, the undersigned, hereby give my consent for the surgical intervention described above. I acknowledge that:

- The nature of the procedure has been explained to me.
- The potential risks and benefits have been discussed.
- Alternative treatment options have been presented.
- I have had the opportunity to ask questions and have received satisfactory answers.

Patient's Acknowledgment

I understand that no guarantees have been made regarding the outcome of the procedure. I consent to the procedure being performed by the surgeon and the assisting medical staff.

Signature of Patient/Guardian

Date