

Consent Form for Outpatient Procedure

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

Dear [Patient's Name],

We are providing you with information regarding your upcoming outpatient procedure. Please read this consent form carefully.

1. Description of the Procedure

This procedure involves _____.

2. Risks and Benefits

The potential risks include _____.

The benefits of the procedure include _____.

3. Alternative Options

Alternative options include _____.

4. Consent

By signing this form, you acknowledge that you have received sufficient information about the procedure, including its risks and benefits, and your questions have been answered.

Please indicate your consent by signing below:

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Contact Information

If you have any questions or concerns, please feel free to contact our office at:

[Office Phone Number]

[Office Address]

Thank you for trusting us with your care.