

# Consent for Elective Surgery

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Procedure: **[Insert Procedure Name]**

Surgeon: **[Insert Surgeon Name]**

## Consent Statement

I, **[Insert Patient Name]**, hereby give my consent for the elective surgery as described above. I have been informed about the nature of the procedure, its risks and benefits, and the expected outcome.

### Risks and Benefits

I understand that complications may occur, which can include but are not limited to:

- **[Insert Risk 1]**
- **[Insert Risk 2]**
- **[Insert Risk 3]**

The potential benefits of the procedure include:

- **[Insert Benefit 1]**
- **[Insert Benefit 2]**
- **[Insert Benefit 3]**

### Alternative Treatments

I have been informed about alternative treatments and the risks associated with them, including:

- **[Insert Alternative Treatment 1]**
- **[Insert Alternative Treatment 2]**

### Patient Acknowledgment

I acknowledge that I have had the opportunity to ask questions and that my questions have been answered to my satisfaction. I understand I have the right to withdraw my consent at any time prior to the procedure.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_