

Emergency Medical Procedure Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Procedure Information

Description of the Emergency Procedure: _____

Expected Benefits of the Procedure: _____

Risks and Alternatives

Potential Risks: _____

Alternative Treatments: _____

Consent Statement

I, the undersigned, consent to the performance of the above-mentioned emergency medical procedure by the attending medical staff. I understand that the procedure is necessary for my health and may be performed without prior informed consent due to the urgency.

By signing below, I acknowledge that I have understood the information provided, including the risks and potential benefits.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____