

# Consent for Elective Surgery

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

## Consent Statement

I, the undersigned, hereby consent to the performance of the elective surgery as described above. I acknowledge that:

- The nature and purpose of the surgery have been explained to me.
- The risks and benefits associated with the surgery have been discussed.
- I have had the opportunity to ask questions and my questions have been answered to my satisfaction.
- I understand that no guarantees have been made regarding the outcome of the surgery.
- I consent to the administration of anesthesia and any other necessary medical treatment.

## Patient Acknowledgment

By signing below, I confirm that I have read and understand this consent form:

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

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

## Witness

**Witness Name:** \_\_\_\_\_

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

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