Gallbladder Surgery Consent Form

Date: _____

Patient Name: _____

Patient ID: _____

Procedure Details

I, the undersigned, consent to undergo gallbladder surgery as recommended by my physician, Dr. _____.

Understanding of Procedure

I have been informed about the nature, purpose, and potential risks associated with gallbladder surgery. These risks include, but are not limited to:

- Infection
- Bleeding
- Injury to surrounding organs
- Anesthesia complications

Alternatives

I understand the alternatives to surgery, including observation and medical management, and I have had the opportunity to discuss these with my physician.

Consent

By signing below, I acknowledge that I have read and understood the information provided and consent to proceed with the surgery.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____