

# Patient Consent Form

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

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

Patient ID: \_\_\_\_\_

## Procedure Information

You have been advised to undergo **[Procedure Name]** for the treatment of **[Condition]**. This procedure will involve **[Brief Description of the Procedure]**.

## Risks and Benefits

**Benefits:** *[Describe the expected benefits]*

**Risks:** *[Describe the potential risks and complications]*

## Consent

I, the undersigned, have read and understood the information provided about the procedure. I have had the opportunity to ask questions and I am satisfied with the answers provided.

I hereby consent to undergo **[Procedure Name]**.

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

Physician Signature: \_\_\_\_\_

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