

# Bariatric Surgery Consent Form

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

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

Procedure: Bariatric Surgery (specify type) \_\_\_\_\_

Surgeon: \_\_\_\_\_

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

## Consent Statement

I, the undersigned, hereby consent to the performance of the above-mentioned bariatric surgery by Dr. \_\_\_\_\_ and his/her assistants. I understand that the surgery involves risks such as, but not limited to, infection, bleeding, and complications related to anesthesia.

## Alternatives

I acknowledge that I have been informed about the alternatives to surgery, including non-surgical options and the potential risks and benefits associated with each.

## Questions and Clarifications

I confirm that I have had the opportunity to ask questions regarding the procedure, risks, benefits, and alternatives, and I feel that my questions have been adequately answered.

## Signatures

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

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

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

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