

Surgical Consent Form

Date: _____

Patient Name: _____

Patient ID: _____

Surgeon Name: _____

Type of Surgery: _____

Date of Surgery: _____

Purpose of the Surgery

The purpose of this surgery is to: _____.

Risks and Benefits

Potential risks include but are not limited to: _____.

Expected benefits include: _____.

Alternatives

Alternative options discussed: _____.

Consent Statement

I, the undersigned, have been informed about the nature of the surgery, the risks and benefits, and alternative treatment options. I give my consent for the surgery.

Patient Signature: _____

Witness Signature: _____

Date: _____