

# Surgical Consent Form for Cosmetic Surgery

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Procedure Information

I hereby consent to undergo the following cosmetic surgical procedure(s):

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

Date of Procedure: \_\_\_\_\_

## Disclosure Statement

The nature of the procedure, the risks involved, and the expected benefits have been explained to me. I have read and understand the information provided to me regarding the procedure, and I have had the opportunity to ask questions.

## Risks and Complications

I acknowledge that I understand the potential risks and complications associated with the procedure, which may include but are not limited to:

- Infection
- Scarring
- Allergic reactions
- Changes in sensation
- Unsatisfactory results

## Consent

I consent to the use of anesthesia as necessary for the procedure, and I have disclosed all relevant medical history and current medications to my surgeon.

By signing below, I acknowledge that I understand the information provided to me and consent to the above procedure.

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

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

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

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