

Surgical Consent Form

Date: _____

Patient Information

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Procedure Details

Planned Procedure: _____

Date of Procedure: _____

Location of Procedure: _____

Consent Statement

I, _____, the undersigned, hereby consent to the above-named procedure being performed on me. I understand that this is an elective procedure and that I have been informed of the nature of the procedure, the risks involved, and the expected benefits.

Risks and Complications

I acknowledge that the following risks have been explained to me:

- _____
- _____
- _____

Questions and Concerns

I have had the opportunity to ask questions regarding the procedure, and all my questions have been answered to my satisfaction.

Signature

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____