

# Surgical Consent Form for Emergency Surgery

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

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

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

## Surgeon Information

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

Specialty: \_\_\_\_\_

## Explanation of Emergency Surgery

I, the undersigned, understand that emergency surgery is necessary due to the following medical condition: \_\_\_\_\_.

The nature of the surgery has been explained to me, along with the risks and benefits involved.

## Consent

I hereby consent to the performance of the emergency surgical procedure by the aforementioned surgeon and their medical team.

## Risks

I acknowledge that I have been informed of the potential risks associated with the surgery, which may include but are not limited to: \_\_\_\_\_.

## Patient Acknowledgment

By signing below, I confirm that I have read and understood this consent form.

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

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

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Witness Signature

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