

# Surgical Consent Form

Date: [Insert Date]

## Patient Information

Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Procedure: [Insert Procedure Name]

## Consent Statement

I, [Insert Patient Name], hereby give my consent for the surgical procedure described above. I have been informed of the nature of the surgery, its risks, benefits, and alternatives. I understand that while the risks have been explained to me, no guarantees have been made regarding the outcome.

## Risks and Complications

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

- [List of Risks 1]
- [List of Risks 2]
- [List of Risks 3]

## Patient Acknowledgment

I acknowledge that I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

## Signature

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

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

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

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