

Surgical Consent Form for Minimally Invasive Procedures

Date: _____

Patient's Name: _____

Date of Birth: _____

Patient ID: _____

Procedure Details

Type of Procedure: _____

Proposed Date of Procedure: _____

Explanation of the Procedure

The procedure described above involves minimally invasive techniques. It is intended to [insert brief explanation of the procedure].

Risks and Benefits

Risks include, but are not limited to: [insert risks].

Benefits include: [insert benefits].

Consent Statement

I, _____, hereby consent to the performance of the above-named procedure. I understand the risks, benefits, and alternatives discussed with me.

Patient Signature

Patient's Signature

Witness Signature

Witness Signature

Physician Signature

Physician's Signature