

# Surgical Consent Form

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

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

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

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

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

## Consent Statement

I, the undersigned, authorize Dr. \_\_\_\_\_ and any assistants he/she may designate to perform the following surgical procedure: \_\_\_\_\_.

## Procedure Description

The nature and purpose of the procedure have been explained to me. This may include but is not limited to:

- Benefits of the procedure.
- Possible risks and complications.
- Alternatives to the surgery.

## Risks and Complications

I understand that possible risks associated with surgery include but are not limited to:

- Infection.
- Bleeding.
- Adverse reaction to anesthesia.

## Voluntary Consent

I affirm that I have had the opportunity to ask questions regarding the procedure and my questions have been answered to my satisfaction. I understand that I can withdraw my consent at any time prior to the procedure.

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

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

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

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