

# Surgical Procedure Consent Directive for Emergency Interventions

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

To Whom It May Concern,

I, **[Patient's Full Name]**, born on **[Date of Birth]**, hereby give my consent for the following surgical procedure to be performed:

**Procedure:** [Name of Procedure]

**Reason for Emergency Intervention:** [Brief Description of the Medical Condition]

I understand that this procedure may involve risks and complications, and I have had the opportunity to discuss these with my healthcare provider. I also acknowledge that the nature of my condition necessitates immediate action to ensure my health and well-being.

By signing this document, I agree to proceed with the procedure as described above, understanding the potential risks involved.

**Signature of Patient:** \_\_\_\_\_

**Printed Name of Patient:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

In the event that I am unable to provide consent due to my medical condition, I authorize my healthcare provider, **[Provider's Name]**, to make medical decisions on my behalf regarding the aforementioned procedure.

**Signature of Authorized Representative (if applicable):** \_\_\_\_\_

**Printed Name of Authorized Representative:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

Thank you for your attention to this matter.

Sincerely,

[Patient's Signature]