

Surgical Procedure Consent Form

Date: _____

Patient Name: _____

Patient ID: _____

Surgeon: _____

Procedure: _____

1. Purpose of the Procedure

Please describe the purpose of the surgical procedure:

2. Description of the Procedure

Please provide a brief description of the surgical procedure:

3. Risks and Complications

The patient has been informed about the following potential risks and complications:

- Infection
- Bleeding
- Anesthesia complications
- Possible damage to surrounding tissues
- Other: _____

4. Alternatives

Alternative treatment options have been discussed as follows:

5. Patient Acknowledgment

I, the undersigned, acknowledge that I have been informed of the nature of the surgery, the potential risks and complications, and alternative options available. I have had the opportunity to ask questions and understand the information provided.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

6. Contact Information

If further questions arise, please contact:

Surgeon's Office: _____

Phone Number: _____