

Consent for Elective Surgery

Date: _____

Patient Name: _____

Patient ID: _____

Procedure Details

Procedure Name: _____

Surgeon's Name: _____

Scheduled Date: _____

Consent Statement

I, the undersigned, hereby give my consent for the above-named procedure to be performed by the surgeon and their medical team. I have been informed of the nature of the surgical procedure, its risks, benefits, and alternatives by the healthcare provider.

Risks and Benefits

I understand that, as with any surgical procedure, there are risks involved, including but not limited to:

- Infection
- Bleeding
- Anesthesia complications
- Scarring
- Further surgery

The anticipated benefits of the procedure include: _____.

Patient Acknowledgment

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

Signature

Patient Signature: _____

Witness Signature: _____

Healthcare Provider Signature: _____

Contact Information

If I have further questions or concerns, I can contact: _____.