

Surgical Procedure Consent Record

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Procedure Date: [Procedure Date]

Procedure Description: [Description of Surgical Procedure]

Consent Statement

I, [Patient Name], hereby consent to undergo the above-mentioned surgical procedure. I have been informed of the nature of the procedure, the risks involved, and the expected benefits. I understand that follow-up care may be necessary and I agree to attend the follow-up appointments as advised.

Risks Discussed

- Risk 1
- Risk 2
- Risk 3

Follow-up Care Plan

The follow-up care will involve the following:

- Follow-up Visit Schedule: [Date and Time]
- Additional Procedures Required: [If Any]
- Contact for Concerns: [Contact Information]

Patient Signature

Date: [Date]

Witness Signature

Date: [Date]