

Informed Consent for Surgical Procedure

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

1. Purpose of the Procedure

The purpose of this procedure is to: _____.

2. Description of the Procedure

The procedure involves: _____.

3. Risks and Complications

Potential risks include, but are not limited to: _____.

4. Benefits of the Procedure

Benefits may include: _____.

5. Alternatives to the Procedure

Alternatives include: _____.

6. Patient Acknowledgment

I acknowledge that I have discussed the procedure, risks, benefits, and alternatives with my healthcare provider. I understand the information provided and have had the opportunity to ask questions.

7. Consent

By signing below, I consent to the surgical procedure as outlined above.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____