

General Surgery Consent Form

Patient Name:

Date of Birth:

Hospital/Facility:

Procedure:

Surgeon's Name:

1. Introduction

I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure: _____.

2. Explanation of Procedure

I acknowledge that the procedure and its purpose have been explained to me in terms I understand, including the expected benefits, potential risks, and alternative treatments (including the option of no treatment). I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

3. Risks and Possible Complications

- Bleeding
- Infection
- Blood clots
- Damage to surrounding tissue or organs
- Adverse reaction to anesthesia
- Other specific risks: _____

4. Anesthesia

I understand that anesthesia may be required and that the risks of anesthesia, including but not limited to allergic reactions and breathing problems, have been explained to me.

5. Alternatives

Alternatives to the proposed procedure have been discussed with me, including their associated risks and benefits.

6. Consent

1. I have read or had this form read to me.
2. I have had an opportunity to ask questions and all my questions have been answered.
3. I consent to the administration of such anesthetics, medication, and blood products as deemed necessary.
4. I understand that no guarantee has been given as to the results that may be obtained.

Patient/Legal Guardian Signature

Date:

Physician Signature

Date:

If a patient is unable to consent due to age or incapacity, consent is to be obtained from the legal guardian or authorized representative.