Informed Consent Form for Surgical Procedures

Patient Name:

Date of Birth:

Proposed Procedure:

Physician/Surgeon:

Purpose of the Procedure

I have been informed about the nature, purpose, and benefits of the proposed surgical procedure. I understand why it is recommended and the intended outcome.

Risks and Complications

I acknowledge that the following potential risks and complications have been explained to me (including but not limited to):

- Bleeding
- Infection
- Blood clots
- Allergic reactions to anesthesia or medications
- Damage to surrounding tissues or organs
- Other: _____

Alternatives

I have been informed of alternative treatments and procedures, including the option of not undergoing the procedure, and the risks of these alternatives have been discussed with me.

Questions

I have had an opportunity to ask questions. All of my questions have been answered to my satisfaction.

Consent

I hereby authorize _____ (physician/surgeon) and assistants, as necessary, to perform the surgical procedure listed above. I understand that unforeseen conditions or complications may require additional procedures or treatments, and I authorize such interventions as necessary.

I confirm that I have read and understood the information above and that I voluntarily consent to the procedure.

Patient (or Legal Guardian) Signature: _____ Date: _____

Physician/Surgeon Signature: _____ Date: _____

Witness Signature: _____ Date: _____