

Minor Surgical Procedure Consent Form

Patient Name:

Date of Birth:

Procedure:

Consent for Procedure

I hereby authorize _____ (physician/healthcare provider) and such associates or assistants as may be selected to perform the minor surgical procedure as described above.

- I have been informed about the nature and purpose of the procedure.
- I understand the possible risks, complications, and alternatives to the procedure.
- I have had the opportunity to ask questions and all my questions have been answered satisfactorily.
- I understand that no guarantees have been made regarding the outcome.

I understand that I may withdraw my consent at any time prior to the procedure.

Patient/Parent/Guardian Signature

Date

Healthcare Provider Signature

Date

If the patient is under 18 years of age, consent must be obtained from a parent or legal guardian.