

Outpatient Surgery Consent Agreement

This document is intended to provide information regarding your upcoming outpatient surgical procedure. Please read the following carefully and ask your physician if you have any questions or concerns before signing this agreement.

1. Procedure Description

I, the undersigned patient, hereby consent to and authorize Dr. _____ to perform the following procedure:

Name of Procedure

I understand the nature, purpose, and potential benefits and risks of this procedure as explained to me by my physician.

2. Risks and Complications

I acknowledge that I have been informed of possible risks and complications associated with the procedure, which may include but are not limited to:

- Bleeding
- Infection
- Pain or discomfort
- Adverse reaction to anesthesia
- Delayed healing or scarring
- Other specific risks: _____

Other Risks (if any)

3. Anesthesia

I understand that anesthesia will be administered, and the risks have been explained to me. I consent to the administration of anesthesia as deemed appropriate.

4. Alternatives

I have been informed of alternatives to this surgery, including the risks and benefits of each alternative.

5. Acknowledgement

I confirm that I have had the opportunity to ask questions about the procedure, risks, and alternatives. All my questions have been answered to my satisfaction.

I understand that no guarantee has been made as to the outcome or the results of the procedure.

Patient Signature

Date

Witness Signature

Date

Physician Signature

Date