

Pre-Operative Consent Form

Patient Name

Date of Birth

YYYY-MM-DD

Proposed Procedure

Date of Procedure

YYYY-MM-DD

Name of Physician/Surgeon

Procedure Description

Briefly describe the procedure:

Risks & Complications

List of possible risks, complications, or side effects:

Alternative Treatments

Alternative treatments or options (if any):

Patient Acknowledgment

- I have read and understand the above information.
- I have had the opportunity to ask questions about the procedure, and my questions have been answered satisfactorily.
- I voluntarily consent to the proposed procedure and acknowledge understanding of associated risks and alternatives.

Patient/Guardian Signature

Date

Physician/Surgeon Signature

Date