

Surgical Risk Disclosure and Consent Form

Patient Name

Date of Birth

Procedure Name

Surgeon's Name

1. Description of Procedure

Brief description of the procedure

2. Potential Risks and Complications

- Bleeding
- Infection
- Scarring
- Blood clots
- Adverse reaction to anesthesia
- Other:

Specify

3. Alternatives to Surgery

List alternatives discussed

4. Patient Declaration

I acknowledge that I have been informed about the nature of the surgery, the expected benefits, known risks and complications, and available alternatives. I have had the opportunity to ask questions and all my questions have been answered satisfactorily.

5. Consent

I voluntarily consent to the above named surgical procedure and authorize the surgical team to perform it.

Patient/Guardian Signature

Date

Surgeon Signature

Date