

# General Surgery Consent Form

**Patient Name**

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**Date of Birth**

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**Medical Record #**

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**Surgeon's Name**

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**Date of Surgery**

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## 1. Description of Surgery/Procedure

## 2. Purpose of Surgery/Procedure

## 3. Possible Risks and Complications

## 4. Alternatives to This Surgery/Procedure

## 5. Patient's Declaration

I confirm that I have read or had explained to me this consent form. All my questions have been answered and I understand the nature, purpose, risks, and alternatives of the surgery described above. I hereby give my consent to undergo this procedure.

**Patient/Guardian Signature**

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**Date**

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**Witness Signature**

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**Date**

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**Surgeon Signature**

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**Date**

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