

General Surgery Consent Form

Patient Name

Date of Birth

Medical Record #

Surgeon's Name

Date of Surgery

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

Date

Witness Signature

Date

Surgeon Signature

Date
