

Surgery Consent Document

Date:

Patient Name:

Date of Birth:

Medical Record Number:

1. Description of Proposed Surgery/Procedure

Describe the surgical procedure to be performed.

2. Risks and Benefits

List possible risks...

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List anticipated benefits...

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3. Alternatives

List and describe any alternatives to the proposed surgery.

4. Anesthesia Information

Describe the type of anesthesia and related risks.

5. Patient Acknowledgment

1. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.
2. I understand the procedure, risks, benefits, and alternatives.
3. I understand I may refuse or withdraw consent at any time.

Patient/Representative Signature

Date

Physician Signature

Date

Witness Signature

Date