

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...

List anticipated benefits...

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