

# Blank Patient Consent Form Template

## For Medical Procedures

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Patient Name:

Date of Birth:

 YYYY-MM-DD

Date:

 YYYY-MM-DD

Procedure:

Description of Procedure:

Risks and Benefits (to be explained by physician):

Alternatives (if any):

Questions/Concerns Discussed:

Consent Statement:

E.g.: I acknowledge that I have read and understood the information above, and consent to the procedure as explained.

Patient Signature:

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Print Name

Date (YYYY-MM-DD)

Physician/Witness Signature:

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Print Name

Date (YYYY-MM-DD)