

# Medical Procedure Risk Waiver Form

## Patient Information

Full Name:

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Date of Birth:

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Phone Number:

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Address:

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## Medical Procedure

Name/Description of Procedure:

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Date of Procedure:

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## Risk Awareness & Waiver

Please describe the risks as explained to you:

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Questions/Concerns Discussed:

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By signing this form, I acknowledge that I have been informed of the nature, purpose, and potential risks of the procedure. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I understand and voluntarily accept all associated risks and waive any claim against the provider for complications arising from the procedure, except those arising from gross negligence.

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Patient Signature

Date:

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Witness/Provider Signature

Date:

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