

Surgical Treatment Consent & Waiver

Patient Information

Patient Name:

Date of Birth:

Procedure

Surgical Procedure Name:

Date of Procedure:

Surgeon/Physician Name:

Consent & Acknowledgment

- I voluntarily consent to the above listed surgical treatment/procedure.
- I have been informed about the nature and purpose of the procedure.
- I understand the risks, potential complications, and alternatives.
- All questions regarding the procedure have been answered to my satisfaction.
- I acknowledge that no guarantee or assurance has been made as to the results.

Waiver

- I hereby release and hold harmless the attending provider(s) and facility from any liability for outcomes inherent to the procedure except in case of gross negligence.

Patient Signature:

Date:

Witness Signature:

Date:
