

# Surgical Treatment Consent & Waiver

## Patient Information

Patient Name:

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Date of Birth:

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## Procedure

Surgical Procedure Name:

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Date of Procedure:

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Surgeon/Physician Name:

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## 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:

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Date:

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Witness Signature:

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Date:

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