

Emergency Surgical Procedure Consent Form

This **emergency surgical procedure consent form template** ensures patients understand and authorize urgent medical interventions. It clearly outlines the risks, benefits, and alternatives to the surgery, providing legal and ethical protection for healthcare providers. Designed for quick completion, it facilitates timely and informed consent in critical situations.

Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Procedure Information

Name of Surgical Procedure:

Reason for Procedure (Diagnosis/Condition):

Alternatives Considered:

Risks and Benefits

Expected Benefits:

Possible Risks and Complications:

Consent Statement

I have been informed of the nature and purpose of the emergency surgical procedure, the material risks and possible complications, alternatives, and expected outcomes. I have had the opportunity to ask questions and understand that despite the risks, this procedure is necessary due to the urgent nature of my/ the patient's condition.

☐ I consent to the performance of the procedure as described above.

Authorization

Name of Person Providing Consent:

Relationship to Patient (if not self):

Date of Consent:

Time of Consent:

Signature:

Healthcare Provider Attestation

Provider Name:

Provider Signature:

Date:

This form is valid only for the emergency surgical procedure described above and does not cover other interventions unless required for immediate preservation of life or health.