

Surgery Operation Informed Consent Form

This **surgery operation informed consent form template** ensures patients fully understand the procedure, risks, and benefits before agreeing to surgery. It promotes clear communication between medical staff and patients, safeguarding both parties. Using this document helps comply with legal and ethical standards in healthcare.

Patient Name:

Date of Birth:

Medical Record Number:

Procedure Name:

Treating Physician/Surgeon:

1. Description of Procedure

I understand that my physician has recommended the following surgical procedure:

(Describe the proposed surgery and any planned alternatives.)

2. Purpose of the Surgery

The medical reason and intended benefit for undergoing this procedure has been explained to me as follows:

(Brief explanation of why the operation is necessary.)

3. Risks and Complications

I acknowledge that the risks, possible complications, and side effects have been explained to me, including but not limited to:

- Bleeding
- Infection
- Reactions to anesthesia
- Possible need for further surgery
- Other risks specific to this procedure

(List additional risks if needed.)

4. Alternatives

Alternative treatments, as well as the option of no treatment, have been discussed:

(List or discuss alternatives.)

5. Acknowledgement and Consent

- I have had the opportunity to ask questions and have received satisfactory answers.
- I understand that no guarantees have been made regarding the outcome.
- I voluntarily consent to the proposed surgery, including the administration of anesthesia.

Patient Signature:

Date:

Physician/Surgeon Signature:

Date:

Witness Signature:

Date: