

Informed Consent Form for Medical Procedures

This form ensures that you fully understand the risks, benefits, and alternatives of the proposed medical procedure before providing your consent. Please read the following information carefully. If you have any questions, ask your healthcare provider before signing.

Patient Information

Name: _____

Date of Birth: _____

Medical Record Number: _____

Procedure Information

Procedure Name: _____

Description: _____

Physician/Health Care Provider: _____

Risks and Benefits

Risks: I have been informed of the possible risks and side effects associated with this procedure, which may include:

Benefits: I have been informed of the expected benefits of this procedure, which may include:

Alternatives

I understand that there are alternative treatments or procedures available, including:

Questions

I have had the opportunity to ask questions about the procedure. My questions have been answered to my satisfaction.

Consent

By signing below, I hereby confirm that:

- I have read and understood the information provided above.
- I have had all my questions answered.
- I voluntarily agree to undergo the procedure as described.

Patient/Representative Signature: _____ Date: _____

Healthcare Provider Signature: _____ Date: _____

Note: This is a sample informed consent form. It may be adapted to individual procedures or institutional requirements.