

# Consent and Authorization Form for Medical Treatment

This **consent and authorization form sample** is designed to ensure patients provide informed permission for medical treatment. It clearly outlines the procedures, risks, and patient rights, facilitating transparent communication between healthcare providers and patients. Using this form helps protect both parties by documenting consent appropriately.

## Patient Information

Full Name:

Date of Birth:

Address:

Phone Number:

## Treatment Information

Description of Medical Treatment:

Healthcare Provider(s):

## Risks and Benefits

I understand that the proposed procedure(s) or treatment(s) and alternatives have been explained to me, and I have had the opportunity to ask questions. The risks, possible complications, and expected benefits have also been discussed. No guarantees have been made regarding the outcome.

## Patient Rights

- I understand I may withdraw my consent at any time before treatment is given.
- I have the right to receive all information and to ask any questions regarding my treatment.
- I may request further explanation about any aspect of my care.

## Authorization and Consent

By signing below, I confirm that I have read and fully understand this consent form. I agree to the medical treatment or procedures as described by my healthcare provider.

Patient/Guardian Signature:

Date:

## Witness (if required)

**Witness Signature:**

**Date:**

**Submit**