

# Informed Surgery Consent Form

This informed surgery consent form is intended to ensure that patients understand the nature of the proposed surgical procedure, its potential benefits, risks, and alternatives. By signing this form, you acknowledge that you have been given the opportunity to ask questions and have received satisfactory answers.

## Patient Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Procedure: \_\_\_\_\_  
Date of Surgery: \_\_\_\_\_  
Surgeon: \_\_\_\_\_

## Description of the Procedure

I have been informed of the nature and purpose of the surgery, which has been explained to me as follows:

## Benefits

The anticipated benefits of the procedure include:

## Risks and Complications

I understand that all surgeries carry certain risks. The specific risks associated with this procedure have been explained to me and may include, but are not limited to:

- Bleeding
- Infection
- Reaction to anesthesia
- Scarring
- Damage to nearby organs or tissues
- Blood clots
- Potential need for additional surgeries
- Other: \_\_\_\_\_

I acknowledge that no guarantees have been made regarding the outcome of the surgery.

## Alternatives to Surgery

The following alternatives to the proposed procedure have been discussed:

- Non-surgical treatments
- Observation and ongoing monitoring
- Other: \_\_\_\_\_

## Patient Acknowledgement

I certify that I have read and fully understand this consent form. My questions have been answered to my satisfaction. I have been given the opportunity to consider alternatives and risks, and I voluntarily consent to undergo the above procedure.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This document is provided as a sample only and should be reviewed and customized by a qualified healthcare professional to ensure compliance with local laws and medical guidelines.*