

Medical Waiver Form for Surgery Consent

A **medical waiver form** for surgery consent is a legal document that ensures patients understand the risks involved before undergoing a procedure. It outlines the potential complications and confirms the patient's voluntary agreement to proceed. This form is essential for protecting both the patient and medical practitioner.

Patient Information

Full Name:

Date of Birth:

Address:

Procedure Information

Surgical Procedure:

Physician Name:

Risks and Complications

- 1. I acknowledge that the nature and purpose of the surgery have been explained to me.
- 2. I understand the possible risks and complications, which may include (but are not limited to): infection, bleeding, allergic reactions, injury to adjacent organs, anesthesia risks, scarring, and possible need for further surgery.
- 3. I have had the opportunity to ask questions regarding the procedure and my questions have been answered to my satisfaction.
- 4. I voluntarily consent to proceed with the surgery.

Waiver and Release

By signing this form, I release the medical facility and its staff from liability for known and unknown complications associated with the surgical procedure, except in cases of gross negligence or willful misconduct.

Patient Consent

Date:

Patient Signature:

Physician Confirmation

Physician Signature:

Date: