

# 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

- I acknowledge that the nature and purpose of the surgery have been explained to me.
- 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.
- I have had the opportunity to ask questions regarding the procedure and my questions have been answered to my satisfaction.
- 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:

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## Physician Confirmation

Physician Signature:

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Date: