

# Informed Consent Form Sample for Surgery

An **informed consent form sample for surgery** ensures patients understand the procedure, associated risks, and benefits before agreeing. This document promotes transparency and supports ethical medical practices. It is essential for patient safety and legal protection.

## Informed Consent for Surgical Procedure

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

### 1. Procedure

I hereby authorize Dr. \_\_\_\_\_ and his/her associates to perform the following procedure:  
(Name of surgery/procedure) \_\_\_\_\_

### 2. Purpose of the Procedure

The nature and purpose of the proposed procedure have been explained to me as follows:

### 3. Risks and Complications

I have been informed of the possible risks and complications, which may include but are not limited to:

- Bleeding
- Infection
- Reaction to anesthesia
- Other: \_\_\_\_\_

### 4. Alternatives

Alternative methods of treatment, as well as the risks and benefits of those alternatives, have been explained to me.

Alternatives discussed: \_\_\_\_\_

### 5. Patient Consent

I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I understand that the practice of medicine and surgery is not an exact science and that no guarantee has been made concerning the results of the procedure.

- I voluntarily consent to the proposed procedure.

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This is a sample informed consent form for surgery and should be reviewed and customized by qualified health professionals and legal advisors before official use.*