

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.