

# Medical Authorization Form Sample for Surgery

A **medical authorization form sample for surgery** is a crucial document that grants permission for a patient to undergo a specific surgical procedure. This form ensures that the patient, or their legal guardian, understands the risks and benefits involved. Properly completed authorization is essential for legal and medical compliance before any surgery can take place.

## Medical Authorization Form for Surgery

Patient Information

Patient Name:

Date of Birth:

Address:

Surgical Procedure Details

Name of Surgical Procedure:

Date of Surgery:

Attending Physician:

Consent and Authorization

I, the undersigned, hereby authorize the above-named physician and their staff to perform the surgical procedure specified above. I acknowledge that I have been informed of the nature, purpose, risks, and alternatives of this procedure, and all of my questions have been answered to my satisfaction. I understand that I may withdraw my consent at any time prior to the surgery.

☐

 I confirm that I have read and understood the above statement.

Signature

Patient/Parent/Legal Guardian Name (if applicable):

Signature:

Date:

Submit Authorization

*This sample medical authorization form is for informational purposes only and should be customized by a qualified healthcare professional or legal advisor.*