

Outpatient Surgery Procedure Consent Form

The **outpatient surgery procedure consent form** sample ensures patients provide informed consent before their medical procedures. It details the risks, benefits, and alternatives, promoting clear communication between healthcare providers and patients. This form is essential for legal documentation and patient safety.

Patient Information

Patient Name:

Date of Birth:

Procedure:

Procedure Details

I, the undersigned, authorize Dr. Physician's Name and his/her associates to perform the following procedure:
 Procedure Name/Description

Risks & Benefits

I have been informed of the following potential risks, benefits, and alternatives regarding the procedure:

List risks, benefits, and alternatives here...

Anesthesia

General Anesthesia Local Anesthesia No Anesthesia

Consent

I confirm that I have had the opportunity to ask questions and that all my questions have been satisfactorily answered. I understand the nature and purpose of the procedure, its risks, alternatives, and possible complications. I voluntarily consent to the recommended procedure.

Patient/Legal Representative Signature:

Date:

Witness Signature:

Date: