

Surgery Consent Form Sample for Outpatient Procedures

A **surgery consent form sample** for outpatient procedures ensures patients are well-informed about the risks, benefits, and alternatives before undergoing minor surgical treatments. This document facilitates clear communication between healthcare providers and patients, promoting safety and legal compliance. Utilizing a standardized form helps streamline the consent process and enhances patient understanding.

Patient Information

Full Name:

Date of Birth:

Procedure Date:

Procedure Details

Name of Procedure:

Performing Physician:

Risks, Benefits, and Alternatives

Potential Risks:

E.g., infection, bleeding, allergic reaction

Expected Benefits:

E.g., improved function, pain relief

Available Alternatives:

E.g., medications, non-surgical options

Patient Acknowledgement

I confirm that the above procedure, its risks, benefits, and alternatives have been explained to me in a language I understand. I have had the opportunity to ask questions and all of my questions have been answered. I understand that no guarantees have been made regarding the outcome.

Patient Signature:

Date:

Physician Confirmation

Physician Signature:

Date: