

Elective Surgery Consent Form

Cosmetic Procedure

The **elective surgery consent form** sample for cosmetic procedures ensures patients are fully informed about the risks, benefits, and alternatives before undergoing surgery. It serves as a legal document that confirms the patient's understanding and agreement to the procedure. This form is essential for maintaining transparency and protecting both the patient and medical practitioner.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Procedure Details

Name of Procedure:

Reason for Surgery:

Risks and Benefits

I acknowledge that the doctor has explained the nature, purpose, risks, and potential complications of the proposed cosmetic procedure, as well as the expected benefits. I understand that no guarantees or assurances have been made regarding the outcome.

Alternatives to the Procedure

The doctor has discussed alternative options, including no surgery, and their potential risks and benefits.

Anesthesia

I understand the type of anesthesia to be used and the associated risks and possible complications.

Consent Declaration

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. By signing below, I voluntarily consent to the procedure described above.

Questions/Comments:

I confirm that I have read and understood the information provided in this consent form.

Patient Signature:

Date:

Physician/Witness Signature:

Date:

Submit Consent