

General Consent Form for Surgery

This form is provided to confirm that you, the patient, have been informed about your upcoming surgical procedure, including its risks, benefits, and alternatives. Please read the following information carefully and ask your healthcare provider any questions you may have before signing.

Patient Information

Name: _____
Date of Birth: _____
Medical Record #: _____

Procedure Details

Name/Description of Surgery: _____
Surgeon/Physician: _____
Date of Procedure: _____

Consent Statement

I hereby authorize Dr. _____ and his/her associates or assistants to perform the procedure listed above. I have been informed of the nature and purpose of the surgery, expected benefits, possible risks and complications, and available alternatives (including non-surgical options).

I understand that unforeseen conditions may be discovered during the surgery and authorize the physician to perform additional or other procedures as deemed necessary in their professional judgment.

I understand that no guarantees have been made regarding the result or outcome of this procedure.

Risks and Benefits

The risks and benefits of the procedure have been explained to me, including but not limited to:

- Infection
- Bleeding
- Blood clots
- Reactions to anesthesia
- Injury to surrounding tissues or organs

Alternatives

The alternatives to proceeding with this surgery, as well as possible consequences of declining the procedure, have been discussed with me.

Consent

I have read and understood the information above, have had all my questions answered, and voluntarily consent to the proposed surgery.

Signatures

Patient Name (Print): _____
Patient Signature: _____
Date: _____

Witness Name (Print): _____
Witness Signature: _____
Date: _____

Physician Signature: _____
Date: _____