

Bilingual Surgery Consent Form Sample

Formulario de Consentimiento para Cirugía Bilingüe - Ejemplo

This **bilingual surgery consent form** sample provides clear and concise information in both English and Spanish, ensuring patients fully understand the procedure. It promotes effective communication between healthcare providers and patients, enhancing informed consent. The form supports legal and ethical standards in medical practices involving diverse populations.

English	Español
Patient Information / Información del Paciente	
Name: _____ Date of Birth: _____ Address: _____	Nombre: _____ Fecha de nacimiento: _____ Dirección: _____
Procedure Information / Información del Procedimiento	
Type of Surgery: _____ Physician: _____ Date: _____	Tipo de cirugía: _____ Médico: _____ Fecha: _____
Consent Statement / Declaración de Consentimiento	
I hereby consent to the surgical procedure described above. I have been informed of the risks, benefits, and alternatives. I have had the opportunity to ask questions, and all my questions have been answered satisfactorily. I understand that no guarantee or assurance has been made as to the results that may be obtained.	Por la presente doy mi consentimiento para el procedimiento quirúrgico descrito anteriormente. Me han informado sobre los riesgos, beneficios y alternativas. He tenido la oportunidad de hacer preguntas, y todas han sido contestadas satisfactoriamente. Entiendo que no se me ha garantizado ningún resultado específico.
Patient or Legal Representative Signature / Firma del Paciente o Representante Legal	
Signature: _____ Date: _____	Firma: _____ Fecha: _____
Witness Signature / Firma del Testigo	
Witness Name: _____ Signature: _____ Date: _____	Nombre del testigo: _____ Firma: _____ Fecha: _____

This is a sample bilingual consent form and should be adapted to meet the specific legal and regulatory requirements of your healthcare facility.
Este es un ejemplo de formulario de consentimiento bilingüe y debe adaptarse para cumplir con los requisitos legales y regulatorios específicos de su centro de salud.