

# Surgical Procedure Medical Consent Form

**Patient Name:**

**Date of Birth:**

**Medical Record No.:**

**Procedure:**

**Surgeon's Name:**

**Date of Procedure:**

**Diagnosis/Indication for Procedure:**

**Description of Procedure:**

**Risks and Complications:**

**Benefits of Procedure:**

**Alternatives Discussed:**

**Additional Comments/Instructions:**

I hereby acknowledge that the nature, risks, benefits, and alternatives of the proposed surgical procedure have been explained to me in detail. I have had the opportunity to ask questions about the procedure, and my questions have been answered satisfactorily. I understand that no guarantees have been made regarding the outcome of the procedure. I voluntarily consent to undergo the procedure as described above.

**Patient Signature:**  **Date:**

**Physician/Surgeon Signature:**  **Date:**

**Witness Signature:**

**Date:**

**Note:** This is a sample surgical procedure medical consent form. Institutions should tailor forms according to their policies and legal requirements.