

# Surgical Procedure Medical Consent Form

|                     |                      |
|---------------------|----------------------|
| Patient Name:       | <input type="text"/> |
| Date of Birth:      | <input type="text"/> |
| Medical Record No.: | <input type="text"/> |
| Procedure:          | <input type="text"/> |
| Surgeon's Name:     | <input type="text"/> |
| Date of Procedure:  | <input type="text"/> |

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: | <input type="text"/> | Date: | <input type="text"/> |
|--------------------|----------------------|-------|----------------------|

|                              |                      |       |                      |
|------------------------------|----------------------|-------|----------------------|
| Physician/Surgeon Signature: | <input type="text"/> | Date: | <input type="text"/> |
|------------------------------|----------------------|-------|----------------------|

**Witness Signature:**

**Date:**

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