

Patient-Specific Surgery Procedure Consent Form

This **patient-specific surgery procedure consent form** sample ensures clear communication between the medical team and the patient, outlining the risks, benefits, and alternatives of the planned surgical intervention. It is tailored to individual patient needs for informed decision-making and legal compliance. Using this form enhances patient understanding and supports ethical medical practice.

Patient Information

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

Procedure Details

Surgical Procedure Name: _____
Date of Procedure: _____
Surgeon's Name: _____

Purpose of the Procedure

Describe the purpose of the surgery...

Risks and Potential Complications

List possible risks and complications (customized to patient)...

Expected Benefits

Outline expected benefits for this patient...

Alternatives to Surgery

List available alternatives, including doing nothing...

Patient Acknowledgments

- ☐ I confirm that I have received information about the above-described procedure, including its risks, benefits, and alternatives.
- ☐ My questions about the procedure have been answered to my satisfaction.
- ☐ I understand that my consent is voluntary and that I may withdraw it at any time before the procedure.

Interpreter (if applicable)

Interpreter's Name: _____
Language: _____

Patient Signature:

Date: _____

Witness Signature:

Date: _____

Physician/Surgeon Signature:

Date: _____