

# Surgery Consent Form

This **printable surgery consent form** sample includes a detailed anesthesia section to ensure patients are fully informed about the anesthesia procedures and associated risks. It is designed for easy customization and clarity, facilitating effective communication between healthcare providers and patients.

## 1. Patient Information

**Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Procedure:** \_\_\_\_\_  
**Date of Procedure:** \_\_\_\_\_

## 2. Surgical Procedure Consent

I hereby authorize Dr. \_\_\_\_\_ and his/her associates and staff to perform the procedure described above. The nature and purpose of the procedure, benefits, risks, alternatives, and complications have been explained to me in a language I understand.

## 3. Anesthesia Section

**Anesthesia Type (to be checked by provider):**

- ☐ General Anesthesia
- ☐ Regional Anesthesia (e.g. spinal, epidural, nerve block)
- ☐ Local Anesthesia
- ☐ Monitored Sedation

I have received an explanation regarding the anesthesia recommended for my surgery, including its purpose, benefits, possible alternatives, and potential risks, which may include (but are not limited to): allergic reaction, nausea, vomiting, headache, injury to teeth or mouth, sore throat, breathing difficulty, heart complications, stroke, nerve injury, and (rarely) death. I understand that the anesthesiologist or anesthesia provider will answer any questions I may have before the surgery.

☐ All my questions about anesthesia have been answered.

## 4. Patient Acknowledgement

I certify that I have read and fully understand the information in this consent form or had it explained to me. I have had the opportunity to ask questions and they have been answered to my satisfaction. I voluntarily give my consent for the above procedure and anesthesia.

\_\_\_\_\_ Patient/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Physician Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Anesthesia Provider Signature

\_\_\_\_\_ Date