

Surgery-Specific Patient Consent Form

This **surgery-specific patient consent form** sample template ensures clear communication between healthcare providers and patients about the details, risks, and benefits of a surgical procedure. It helps document the patient's informed consent, enhancing legal protection and patient safety. Using this template promotes transparency and supports ethical medical practices.

A. Patient and Procedure Information

Patient Name		Date of Birth	
Medical Record Number			
Procedure Name			
Date of Surgery		Surgeon	

B. Description of Procedure

In layman terms, please describe the surgical procedure, what will be done, and why.

C. Risks and Potential Complications

List specific and general risks (such as bleeding, infection, anesthesia risks, etc.):

1. _____
2. _____
3. _____

D. Benefits and Expected Outcomes

Describe the anticipated benefits or expected outcomes of this procedure:

E. Alternatives (including no treatment)

Outline alternative treatments, including doing nothing, and their risks/benefits:

F. Patient Acknowledgment

I have had the opportunity to ask questions about my condition, the recommended surgery, its risks, benefits, and alternatives. My questions have been answered to my satisfaction. I understand the information given and consent to the **procedure described above**.

Patient/Representative Signature		Date	
Relationship (if representative)			
Witness Signature		Date	

G. Interpreter Statement (if applicable)

I have accurately and completely interpreted the details of this consent form and related questions to the patient in his/her language.

Interpreter Name: Signature: Date:

Note: This is a sample template only. Please adapt as required to local regulations and institutional standards.