

Informed Consent for Surgery

Patient Name:

Date of Birth:

Procedure:

Physician/Surgeon:

Consent Statement

I hereby authorize the above-named physician and their associates to perform the indicated surgical procedure. The nature, purpose, risks, and possible complications have been explained to me. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I understand that the practice of medicine is not an exact science and that no guarantees have been made regarding the results of the surgery.

Signature

Patient Signature:

Date:

Witness Signature:

Date: