

Medical Surgery Agreement

Patient Name:

Date of Birth:

Procedure Name:

Scheduled Date of Surgery:

Physician/Surgeon Name:

Consent

I, the above-named patient, hereby agree to undergo the medical surgery as explained to me by my physician or surgeon. I have discussed the risks, benefits, and alternatives, and all my questions have been answered to my satisfaction. I acknowledge that no guarantees have been made regarding the outcome.

I agree to the terms of the Medical Surgery Agreement.

Patient Signature:

Date:

Submit