

Patient Informed Consent for Operation

Patient Name:

Date of Birth:

Operation Name:

Physician/Surgeon:

Date of Operation:

Consent Statement

I hereby authorize the above-named physician and medical staff to perform the operation/procedure described above. I acknowledge that the risks, benefits, and alternatives have been explained to me. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient or Authorized Representative

Name:

Relationship to Patient (if not patient):

Signature:

Date: