

Informed Consent for Urgent Healthcare

I, the undersigned patient, acknowledge that I have been informed by my healthcare provider about the nature, purpose, risks, and possible alternatives to the urgent medical treatment or procedures recommended for my care.

- I understand the reasons for this urgent healthcare intervention.
- I have been informed of potential risks and benefits of the proposed treatment.
- I have had the opportunity to ask questions and have received answers to my satisfaction.
- I am aware that I may refuse or withdraw consent at any time, understanding the potential consequences of such a decision.
- I voluntarily consent to the proposed urgent healthcare interventions as explained to me.

Patient Name:

Signature:

Date: