

Cosmetic Surgery Consent to Treatment

Patient Information

Full Name

Date of Birth

Procedure

Name of Procedure

Brief Description of Procedure

Risks and Complications

Describe Possible Risks & Complications

Alternatives

Alternative Treatments Discussed

Consent

I confirm that I have discussed the procedure, risks, benefits, and alternatives with my physician.

All of my questions have been answered to my satisfaction.

I give my voluntary consent to undergo this procedure.

Signature

Patient Signature

Date

Physician Signature

Date
