

Informed Consent for Cardiac Surgery

Patient Information

Patient Name

Date of Birth

Medical Record Number

Procedure Information

Type of Cardiac Surgery

Description of Surgery

Reason for Surgery

Risks and Benefits

Potential Risks

Expected Benefits

Alternatives

Alternative Procedures/Treatments

Anesthesia

Type of Anesthesia

Risks of Anesthesia

Patient Acknowledgement

- ☐ I have received and understand the explanation of the procedure, its risks, benefits, and alternatives.
- ☐ All my questions have been answered to my satisfaction.
- ☐ I voluntarily agree to proceed with the surgery.

Signatures

Patient Signature

Date:

Physician/Surgeon Signature

Date:

Witness Signature

Date: