

Informed Consent for Hand Microsurgery

Patient Name: _____

Date of Birth: _____

Proposed Procedure: _____

Indication for Surgery

Risks and Complications

- ☐ Infection
- ☐ Bleeding / Hematoma
- ☐ Nerve injury / numbness / weakness
- ☐ Vessel injury
- ☐ Failure of surgical repair
- ☐ Scarring
- ☐ Stiffness / Loss of motion
- ☐ Chronic pain
- ☐ Other:

Benefits and Alternatives

Acknowledgements

- ☐ I have had the opportunity to ask questions and they have been answered.
- ☐ I understand the risks, benefits, and alternatives.
- ☐ I consent to the proposed hand microsurgery.

Patient/Guardian Signature

Date

Physician Signature

Date

