

Informed Consent for Orthopedic Surgery

Patient Information

Patient Name

Date of Birth

Medical Record Number

Procedure Information

Name of Surgery/Procedure

Surgeon's Name

Description of Procedure

Risks and Complications

Risks and Possible Complications

Benefits

Expected Benefits

Alternatives

Alternatives to This Procedure

Consent Confirmation

- ☐ I confirm that I have read and understood the above information and had the opportunity to ask questions.
- ☐ I consent to the orthopedic surgical procedure described above.

Signatures

Patient Signature

Date

Witness Signature

Date