

Informed Consent for Plastic Reconstructive Surgery

Patient Name: _____

Date of Birth: _____

Procedure Description

Risks and Complications

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Alternative Options

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Expected Results

Consent and Acknowledgement

1. I have read and understood the information provided about the procedure.
2. My questions regarding the procedure have been answered to my satisfaction.
3. I understand the risks, benefits, and alternatives involved.
4. I consent to undergo the described surgical procedure.

Patient Signature:

Date:

Witness Signature:

Date:

Surgeon Name:

Surgeon Signature:

Date:
