

Informed Consent for Robotic-Assisted Surgery

Patient Information

Patient Name

Date of Birth

Medical Record Number

Procedure Information

Proposed Procedure

Physician/Surgeon

Proposed Date

PURPOSE

DESCRIPTION OF THE PROCEDURE

BENEFITS

POTENTIAL RISKS AND COMPLICATIONS

ALTERNATIVE TREATMENTS

ACKNOWLEDGEMENT AND CONSENT

- ☐ I confirm that I have read and understood the above information.
- ☐ I have had the opportunity to ask questions and they have been answered to my satisfaction.
- ☐ I voluntarily consent to undergo the robotic-assisted surgical procedure as described.

Signature

Patient/Representative Signature

Date

Witness Signature

Date

Physician/Surgeon Signature

Date