

Urology Surgical Consent Checklist

Patient Name

Date of Birth

Medical Record Number

Date of Surgery

Surgical Procedure

Consent Information

- ☐ Procedure explained to the patient
- ☐ Risks and benefits discussed
- ☐ Alternative treatments discussed
- ☐ Anesthesia plan reviewed
- ☐ Patient questions answered
- ☐ Patient consent obtained
- ☐ Site marked as per protocol

Additional Notes

Signatures

Patient/Representative Signature

Physician Signature

Witness Signature

