

Bariatric Surgery Consent Form

Patient Information

Full Name

Date of Birth

Contact Number

Procedure Information

Type of Procedure

Explanation of the procedure, benefits, risks, and alternatives

Consent

I acknowledge that I have read and understood the information about bariatric surgery, including risks and alternatives.

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Signature of Patient

Date

Physician Declaration

I have explained the details, risks, benefits, and alternatives of bariatric surgery to the patient.

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Physician Name

Signature of Physician

Date