

# Cosmetic Surgery Consent Form

## Patient Information

Full Name

Date of Birth

Phone Number

Address

## Procedure Details

Procedure Name

Date of Procedure

Surgeon Name

## Medical History

Relevant Medical History

## Consent

☐

I confirm that I have been fully informed about the procedure, its risks, benefits, alternatives, and possible complications.

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I give my consent for the cosmetic surgery as described above.

Patient Signature

Date

Witness Signature

Date