Emergency Surgery Consent Form

Patient Information

Patient Name
Date of Birth
Medical Record Number
Procedure Information
Surgical Procedure
Reason for Surgery
Risks and Benefits
Risks Involved
Potential Benefits
Consent and Authorization
I consent to the emergency surgical procedure as explained above.
Patient/Representative Signature
Patient/Representative Signature
Relationship (if not patient)
Date

Time	
Witness Signature	
Date	
Physician Signature	
Date	