## **Gynecological Surgery Consent Form**

Patient Name:						
Date of Birth:						
Medical Record Number:						
Procedure Information						
Procedure to be Performed:						
Namo of Dhysician						
Name of Physician:						
Concept Statement						
Consent Statement						
Risks, Benefits, and Alternatives Discussed						
Patient Acknowledgment						

Patient / Autl	horized Representa	tive		
Physician				
Witness				