## **Neurosurgery Consent Form**

## **Patient Information**

Patient Name
Date of Birth
M. E. J.D. J.N. J.
Medical Record Number
Dre endure Dataile
Procedure Details
Name of Procedure
Indications for Surgery
indications for dargery
Expected Panalita
Expected Benefits
Possible Risks & Complications
Alternatives to Surgery
Consent
OUISCIIL
Additional Comments

Patient/Guardian Signature			
Witness Signature			
vviuless Signature			