

# Orthopedic Surgery Consent Form

Patient Name

Date of Birth

Date of Surgery

Surgeon's Name

## Procedure

Type of Surgery

Description of Procedure

## Risks and Complications

## Benefits and Alternatives

Expected Benefits

Alternative Treatments

# Anesthesia

Type of Anesthesia

Risks Associated with Anesthesia

## Consent and Authorization

I understand the nature and purpose of the operation, the risks involved, and the alternatives available. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to the orthopedic surgery as described above.

Patient/Guardian Signature

Date

Witness Name

Witness Signature

Date