

# Outpatient Surgery Consent Form

## Patient Information

Patient Name

Date of Birth

Date of Surgery

Procedure

Physician

## Consent & Acknowledgments

- ☐ I have been informed about the procedure, risks, benefits, and alternatives.
- ☐ All my questions have been answered to my satisfaction.
- ☐ I consent to anesthesia as needed for this procedure.
- ☐ I understand that I am responsible for arranging transportation after the procedure.

## Additional Notes

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Patient Signature

Date

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Witness Signature

Date

