

# Cosmetic Surgery Informed Consent Form

## Patient Information

Full Name

Date of Birth

Address

Phone Number

## Procedure Information

Name of Procedure

Scheduled Date

Description

## Risks and Complications

Risks/Complications (to be filled by provider)

## Patient Acknowledgment

Alternatives Discussed

Questions/Answers

Patient Acknowledges Understanding and Voluntary Consent

Signatures

Patient Signature

Date

Witness Signature

Physician/Provider Signature