

# Surgical Consent Form

## Patient Information

Full Name

Date of Birth

Patient ID/Number

## Surgery Information

Procedure/Operation Name

Surgeon

Date of Surgery

Time of Surgery

Location

## Consent Statement

I understand the nature of the planned surgery, its purpose, risks, benefits, and alternatives. My questions have been answered to my satisfaction.

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I agree and give my consent to proceed.

Additional Notes

## Signatures

Patient/Guardian Signature

Date

Witness Signature

Date