

Cosmetic Surgery Consent Form

Patient Information

Full Name

Date of Birth

Address

Phone Number

Email

Procedure Information

Description of Procedure

Surgeon's Name

Medical History

Relevant Medical History

Allergies

Consent

☐

I acknowledge that the procedure has been explained to me, including possible risks and complications.

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All my questions have been answered to my satisfaction.

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I give my consent voluntarily and understand I may withdraw at any time.

Patient Signature

Physician/Witness Signature