

Informed Consent for Cosmetic Surgery

This document is intended to inform you about your planned cosmetic surgery procedure, its potential risks, benefits, alternatives, and your rights as a patient. Please read the following information carefully and discuss any concerns with your surgeon.

Patient Information

Full Name:

Date of Birth:

Procedure:

Surgeon's Name:

Description of Procedure

Risks and Complications

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Benefits and Goals

Alternatives

Patient Rights

- The right to receive answers to all questions about your procedure.
- The right to refuse or withdraw consent at any time prior to surgery.
- The right to confidentiality regarding your medical information.

Consent

I, the undersigned, have read and understand the information above. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I understand the risks, benefits, and alternatives to the proposed procedure, and I voluntarily consent to proceed.

Patient Signature:

Date:

Surgeon's Signature:

Date: