

Informed Consent for Outpatient Surgery

Patient Information

Patient Name

Date of Birth

Medical Record Number

Procedure Information

Name of Procedure

Surgeon's Name

Purpose of Surgery

Risks and Possible Complications

Alternatives to Surgery

Anesthesia

Patient Acknowledgement

I acknowledge that I have read or had the above information explained to me, have had the opportunity to ask questions, and understand the nature and purpose of the procedure, its risks, alternatives, and possible complications.

Patient Signature

Date

Witness Signature

Date