
Consent for Procedure

Patient Name

MRN

_____/_____/_____
Birthday

_____ has explained the procedure and anesthesia necessary to
Staff Name diagnose or treat:
 my condition
 my dependent's condition

I understand the nature of the procedure summarized below. I request and authorize the performance of the procedure:

I have been informed and understand that the following are risks associated with the procedure:

I have been informed of the following potential benefits of the procedure:

I have been informed of the alternative(s) to diagnose or treat my condition.

I have been given an explanation of the procedures, read, and understand this information and have had all questions answered to my satisfaction

Patient/Guardian Signature

Staff Signature

Date

Date