

## **Pre-Operative Consent Form**

Dear Patient,

This document is to confirm that you have been informed about the upcoming procedure and that you consent to proceed. Please read carefully and do not hesitate to ask any questions before signing.

### **1. Explanation of the Procedure:**

The nature and purpose of the procedure have been explained to me, including the expected benefits, potential risks, and available alternatives.

### **2. Risks and Complications:**

I understand that, as with any surgical procedure, there are potential risks and complications, which may include (but are not limited to): infection, bleeding, allergic reactions, adverse effects of anesthesia, scarring, and other unforeseen complications.

### **3. Anesthesia:**

I understand that anesthesia will be used during the procedure, and the risks associated with anesthesia have been explained to me.

### **4. No Guarantees:**

I understand that, while the medical team will do their best, no guarantees have been made regarding the outcome of the procedure.

### **5. Questions and Understanding:**

I have had the opportunity to ask questions about the procedure, risks, benefits, and alternatives. My questions have been answered to my satisfaction.

### **6. Consent to Treatment:**

By signing this form, I voluntarily consent to undergo the procedure described above. I also authorize the medical team to perform any additional procedures deemed necessary during the operation for my well-being.

### **Patient Declaration:**

I confirm that I have read and fully understand the contents of this form.