



**CONSENT FORM FOR MINOR SURGICAL PROCEDURE**

**(THE CONSENT FORM IS TO BE SIGNED BY THE PATIENT)**

I, \_\_\_\_\_, hereby consent to undergo the  
treatment/procedure of

\_\_\_\_\_

\_\_\_\_\_ ordered by

\_\_\_\_\_

(Name of Referring Physician)

The medical staff has explained to me the nature of the treatment/procedure, the material risks of the treatment/procedure and the alternative courses of action, including the likely consequences of not having the treatment/procedure.

I am satisfied with these explanations and I have understood them. I have received responses to my requests for additional information.

I also consent to such additional or alternative treatment/procedure as may be immediately necessary or medically advisable during the course of such procedures. In addition, I consent to the administration of such anesthetics as are necessary.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

I CONFIRM THAT I HAVE EXPLAINED THE PROCEDURE, ITS COMPLICATIONS AND ANSWERED ALL QUESTIONS.

\_\_\_\_\_  
Physician's Signature