



## **CONSENT FORM FOR MINOR SURGICAL PROCEDURE**

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

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, 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

Date

Signature of Patient

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

Physician's Signature

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