

Informed Consent Form Medical

Part 1: Patient Information

Patient's Name: _____

Patient's ID: _____

Date of Birth: _____

Gender: _____

Part 2: Medical Procedure

Description of the Procedure/Treatment: _____

Expected Benefits: _____

Possible Risks: _____

Part 3: Physician's Statement

I, _____ (Physician's Name), have explained the nature, purpose, benefits, and potential risks of the medical treatment or procedure. I have answered all questions fully and accurately.

Part 4: Consent Declaration

I consent to undergo the treatment or procedure as described and accept the potential risks involved.

Part 5: Patient or Legal Guardian Signature

Signature: _____

Date: _____