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FAMILY MEDICINE

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INFORMED CONSENT FORM FOR IN-OFFICE PROCEDURES

List of Procedure(s) being performed:_____

Physician performing the procedure(s):_____

Patient Attestation

Please read the information below and check the boxes when finished.

- ☐ My provider has discussed with me the manner that the procedure or treatment will be performed.
- ☐ I understand that this procedure is voluntary (that is, it is not an emergency at this time).
- ☐ I understand that although numbing medicine is used, I may still feel some pain during and after the procedure.
- ☐ My provider has explained that there are certain risks associated with the procedure including: _____

_____

- ☐ I understand that an alternative is to choose not to have the procedure performed.
- ☐ My provider has explained to me the risks of making this choice. I have discussed the risks, the benefits, and other options with my provider and my questions have been answered.
- ☐ By signing this form, I acknowledge that I understand the risks, benefits, and alternatives of the surgical procedure or the invasive treatment procedure described above.

Patient's Name	Date of Birth	Patient's Signature
Parent/Guardian Name	Relationship	Parent/Guardian Signature

Physician Certification

- ☐ I have discussed the risks, benefits and alternatives of the procedure(s) being performed today, and I have obtained patient consent for treatment.

Provider's Name	Date of Service	Provider's Signature

Revised and Finalized on August 14, 2025