

HYSTERECTOMY CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO HAVE A HYSTERECTOMY WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

I, _____, have requested and received information about
(print or type / patients name)

hysterectomies (abdominal and/or vaginal) from _____ .
(name of attending physician)

I was informed that a hysterectomy is the surgical removal of the uterus/womb and of the two (2) methods of performing the procedure (abdominal hysterectomy and vaginal hysterectomy).

I have been advised of the type of hysterectomy procedure (abdominal and/ or vaginal) that will be performed on me. I am aware of the complications that may result from the performance of this surgical procedure.

I was informed that a hysterectomy is intended to be a permanent/final and irreversible procedure. I understand that I will be unable to become pregnant or bear children.

I certify that I fully understand the above and voluntarily consent to the surgical procedure.

Signature of Patient/
Representative _____

Signature of Person
Obtaining Consent _____

Date _____

Press firmly to assure legible copies