

Consent and Disclosure
Medical and Surgical Procedures

TO THE PATIENT: You have the right as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks, hazards, and alternative treatment measures involved. This disclosure is not meant to scare or alarm you. It is simply an effort to make you better informed so you may give or withhold consent to the procedure.

I (WE) voluntarily request Dr. _____ as my physician, and as such associates, technical assistants and other healthcare providers as they may deem necessary to treat my condition which has been explained to me as _____

I(WE) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (WE) voluntarily consent and authorize these procedures: _____

I (WE) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (WE) authorize my physician and such associates, technical assistants, and other healthcare providers to perform such other procedures which are advisable in their professional judgment. I (WE) authorize the pathologist or physician to use his or her discretion in disposing of any implant, prosthetic or other tissue removed from my person during the operation(s) or procedure(s). I (WE) understand that it is my responsibility and I have arranged for a responsible adult to drive me home and remain with me following my surgery. I (WE) acknowledge that I (WE) have been advised by facility personnel not to drive until the effects of any medications have worn off. I (WE) understand this to mean that I should not drive until advised to do so by your physician.

I (WE) understand that no warranty or guarantee has been made to me as to the outcome or cure resulting from the surgery/procedure. I (WE) understand there are risk or hazards that could arise as a result of not having the medical and/or diagnostic procedure. I (WE) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. In the event of an accidental exposure of my blood or bodily fluids to a physician, contractor or employee of the facility, I consent to testing for HIV and Hepatitis. I understand that in the rare event hospitalization is required during or immediately after surgery, my physician will arrange for my transfer to a local hospital. I (WE) also realize that the following risks and hazards may occur in connection with this particular procedure.

I (WE) understand that anesthesia involves additional risks and hazards but I (WE) request the use of anesthetics for the relief and prevention from pain during the planned and additional procedures. I (WE) realize the anesthesia may have to be changed possibly without explanation to me (us). I (WE) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth, or eyes. I (WE) understand that other risks and hazards resulting from spinal and epidural anesthetics include headache and chronic pain. I (WE) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risk of non treatment, the procedures to be used, and the risks and hazards involved, and I (WE) believe that I (WE) have sufficient information to give this informed consent. I (WE) certify this form has been fully explained to me, that I (WE) have read it or have had it read to me, that the blank spaces have been filled in, and that I (WE) understand its contents.

DATE: _____ **TIME:** _____ A.M. / P.M.

PATIENT/OR LEGALLY RESPONSIBLE PERSON SIGN
WITNESS: _____

RELATIONSHIP TO PATIENT