

PATIENT INFORMED CONSENT

Patient Name: _____ DOB: _____ Date: _____ Time: _____

1.) **Name of Operation/Procedure:** I, _____ (patient or guardian) give consent for Dr. _____ and any other doctors, associates, and assistants, he or she chooses to perform this operation or procedure: _____

I understand the reason for the operation/procedure is: _____

Other treatments or procedures the doctor could do instead of this operation/procedure are: _____

2.) **Risks/Dangers:** I understand that any operation or procedure may have risks and dangers that can include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, pneumonia, and possibly death. Some other risks or dangers of this kind of operation/procedure are: _____

3.) A doctor or specially trained nurse will give me the medicine to keep me from feeling the pain of the surgery. This is called **anesthesia**. The medicine could make me relax or sleep. This medicine could cause problems. I could possibly even die. The doctor or specially trained nurse will decide what medicine to give me. I give my permission for any medicines except for these (if none, write none): _____

4.) If my physician finds any unexpected condition at the time of surgery, I give permission for him or her to do whatever treatments or procedures are necessary except I don't want (if none, write none): _____

5.) **I understand that no one can promise or guarantee that the operation/procedure will cure me or provide the expected outcome.**

6.) I have read and completely understand this consent form. My questions have been answered. I have no more questions.

*****DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM*****

By signing this form, I am stating that I have read, understand, consent, and agree to the above.

Patient/Guardian/Legal Representative Signature

Date

Time (am/pm)

Witness' Signature

Date

Time (am/pm)

PHYSICIAN DECLARATION: I have explained the consents of this document with the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed. The patient has consented.

Physician Signature

Date

Time (am/pm)