

INFORMED CONSENT

FOR PROCEDURE OR DIAGNOSTIC TEST

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS.

Patient Name _____ Date _____

The diagnosis requiring the following procedure(s) is: _____

I understand that the following procedure(s) which has (have) been described to me is (are) to be performed on me:

The purpose of the procedure(s) is: _____

The physician(s) responsible for the performance of the above stated procedure(s) is (are): _____

and that as a result of this procedure being performed may be material risk of:
INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF
FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, OR PARTIAL PARALYSIS, PARAPLEGIA,
QUADRIPLÉGIA, BRAIN DAMAGE, CARDIAC OR RESPIRATORY ARREST OR DEATH. In addition to
these material risks, there may be other possible risks involved in this procedure including but not limited to:

If I choose not to have the above procedure, the prognosis (future medical condition) is:

The practical alternatives to the procedure(s) are: _____

I understand that the physician, medical personnel and other assistants will rely on statements about me as the patient my medical history, and other information in determining whether to perform the procedure or the course of treatment for my condition and in recommending the procedure which has been explained.

I understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures as they deem necessary or appropriate.

I also consent to diagnostic studies, x-ray examinations and any other treatment or courses of treatment relating to the diagnosis or procedures described herein.

The likelihood of success of this procedure is: () good () fair () poor.

However, I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I consent to the administration of anesthesia including conscious sedation and to the use of such anesthetics as may be deemed advisable by my physician/anesthesiologist. In addition, the alternatives, risks, and benefits of the planned anesthesia or conscious sedation have been discussed.