

PROCEDURE CONSENT FORM

Date: _____

I authorize the performance on (name of patient) _____
of the following operation and/or procedure _____
to be performed by or under the direction of _____ together with associates or assistants
of his choice who may be employed by the physician.

_____ has discussed with me and I understand the following items:

- A. The nature and purpose of the proposed procedure(s).
- B. The risks of the proposed procedure(s).
- C. The possible or likely consequences of the proposed procedure(s).
- D. All feasible or alternative treatments (including the risks, consequences, and probable effectiveness).

I consent to the performance of operation(s) and/or procedure(s) in addition to or those different from those now contemplated, arising from presently unforeseen conditions, which the above named doctor or his associates or assistants may consider necessary or advisable in emergency or life threatening situations.

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have read and fully understand this entire form. I have asked the physician any questions I may have had, and the physician has answered any questions I asked to my satisfaction.

Signature (Patient/Relative or Guardian)

Print Name

Witness Signature

Print Name