

Procedure/Surgery Consent Form

The undersigned hereby consents and agrees to the performance of the following procedure(s):

_____ by _____ or such assistants as he/she may select.

I hereby acknowledge that _____ has to my full satisfaction informed me of, and I understand, the need for this procedure, the nature of the procedure, and the significant risks attendant to the procedure.

I am aware and understand that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the procedure(s).

I understand that the cost of this procedure may not be covered and may be applied towards my surgical deductible.

The procedure, alternatives, benefits, risks, and complications were explained to me. I had the opportunity to ask questions. All of my questions about the procedure, alternatives, benefits, risks, and complications were answered to my satisfaction. I understand that, before or during the course of the procedure, unforeseen circumstances may necessitate additional or different procedures than those listed above and discussed with me. I authorize the physician to perform such other procedures as are, in their judgment, necessary or appropriate. I acknowledge that no warranty or guarantee as to result or cure was made to me. I have read this form and all of my questions have been answered to my satisfaction.

I understand the above explanation of the surgery and payment policies and desire the above listed procedure to be performed.

I hereby certify that I have read or have had read to me the contents of this form, and all the blanks or statements requiring insertion or completion were filled in and/or crossed out before I signed.

Patient/Parent/Guardian/Representative Signature

Patient Name

Date/Time

Provider Signature

Date/Time

Witness Signature

Date/Time

PLACE ORIGINAL FORM IN CHART AND PROVIDE A SIGNED COPY TO THE PATIENT