

Consent for Procedure/Treatment

<p>TO THE PATIENT: You have been given information about your condition and the recommended surgical, medical, or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions for recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s)</p>		
<p>1- Condition:</p>	<p>Dr. _____ has explained to me that the following medical / conditions exist in my case: (Explain in lay terms): _____</p>	
<p>2- Proposed Operation / Procedure(s):</p>	<p>I understand that the operation/procedure(s) proposed for evaluating and treating my condition is (are): _____ _____ _____</p> <p>This is a Right Left Bilateral (circle one) sided surgery. If it is the spine, there is no need to proceed further with this section. If yes, Items 1, 2, 3 must be completed 1. Patient Identification has taken place. <input type="checkbox"/> Yes 2. Surgeon must attest by signature and date (below) that the above has taken place. 3. Correct side has been indelibly marked. <input type="checkbox"/> Yes 4. Patient validated Right Left Bilateral side</p>	
<p>3- Risks / Benefits of Proposed Procedure(s):</p>	<p>Just as there may be benefits to the procedure(s) proposed, I also understand that surgical, medical and dental procedures involve risks, alternative, and benefits. These risks include allergic reactions, bleeding, blood clots, infections, and even loss of bodily function or life.</p>	
<p>4- Complications, Unforeseen Conditions, Results</p>	<p>I am aware that in the practice of medicine and surgery, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s), unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedure to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.</p>	
<p>5- Acknowledgement</p>	<p>I understand that some of the available alternatives include: A. The potential benefits and risks of the proposed procedure(s), the above alternatives and the likely result without such treatment have been explained to me. B. I am aware and agree to have a Resident assisting the surgeon and to take pictures / video of the procedure for educational purposes as long as my face/recognizable body parts are concealed. C. I am aware and agree to have a technical/manufacture/sales representative to observe my surgical procedure if that, in the judgement of the surgeon, is necessary for the positive outcome of the surgery.</p>	
<p>6- Consent to Procedure(s) and Treatments</p>	<p>Having read this form and spoken with my physicians, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure(s) described above (including disposal of tissue) by my Physician, and/or such assistants as may be selected by him / her.</p>	
	<p>_____ Patient Signature (or person authorized to sign)</p>	<p>_____ Surgeon Signature</p>
		<p>_____ Date</p>
	<p>_____ Relationship to Patient</p>	<p>_____ Witness Signature</p>
		<p>_____ Date</p>
<p>Interpreter (If Needed)</p>	<p>Signature: _____</p>	