

CONSENT AND REQUEST FOR TREATMENT

I	authorize	Dr	, and such assistants as may be	
	rform Site/Operation/Procedure:			
I understand the reason fo	or the procedure is			
Alternative:				
Patient's Consent: The rif I do not undergo the tre		nas been explained to me. I have b	een informed of the probable or likely consequence	
Recuperative Period: I loccur.	nave been informed of the recuperative	period, including the anticipated	length of time and anticipated problems that may	
clots, heart attack, allergi		s can be serious and possibly fatal	s include: infection, bleeding, nerve injury, blood . Some significant risks associated with this	
projects relating to my ca Additional Procedures: treatment as is deemed no Anesthesia: I authorize th advisable. I understand th conditions such as arrhyth Specimens: I authorize F Specimens, tissues, parts, Consent for Photograph purpose of recording fact Observer: I further conse No Guarantee: I have be	If my physician discovers a different, cessary. The physician performing this procedure at administration of anesthesia involventia and, rarely, even death. Thatirons Surgery Center or my physicia or organs taken from my body during the strength of the taking of any negative or advancing medical knowledge.	and his/her assistants to administer is risks including pain, paralysis, in an to take, retain, preserve, disposithis procedure. The procedure is a procedure in the procedure is procedure. The procedure is a procedure in the procedure is procedure, in the procedure is prints, slides or videotapes preprints in the procedure is prints.	ns and/or research, and experimental or educational te of surgery, I authorize him/her to perform such an anesthetics as may be considered necessary or njury to any part of my body, abnormal heart e, and use for scientific or teaching purposes, all pared therefrom in the course of this procedure for the physician for medical knowledge and treatment. Schowledge that NO GUARANTEES	
If you have questions as t your physician now <u>BEF</u> NO FURTHER QUESTI	<u>ORE SIGNING THIS CONSENT FOI</u>	argery or treatment, or any question RM. I HAVE READ AND FULL	NDERSTAND THIS FORM! ns concerning the proposed surgery or treatment, ask Y UNDERSTAND THIS CONSENT AND HAVE ne procedure, I may reverse my decision, withdraw	
Date	Time	Signature Patient		
This patient is unable to o	consent because (a) the patient is a min	Witness of Signatu or(b) other reason:		
Signature of Patient's Representative		Relationship to P	Relationship to Patient	
	AATION: I have explained the proced nereof, and has consented to this proced		risks and consequences to the patient who has	
Physician's Signature			Time	

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