

Procedure Consent

Date _____ Time _____ am/pm

1. I consent to the performance upon (patient name) _____
the operation or procedure of (technical name) _____. The reason
for this procedure is _____, and it will be performed by
_____ and whomever he or she may designate as assistants.
_____ (initials)

2. The nature, purpose, risks and possibilities of complications associated with the operation or procedure
have been explained to me, and my questions have been satisfactorily answered. I understand that I may
be asked to expose sensitive areas of my body in order to render medical services.
_____ (initials)

3. It has been explained to me that, while a satisfactory result is expected, the following complications or
side effects may occur: bleeding, infection, damage to adjacent tissues or organs, swelling, pain, suture
reaction, delayed healing, scarring, anesthesia or medication reaction, recurrence, additional procedures,
and, in rare cases, paralysis or death.
Additional risks, if any _____
_____ (initials)

4. No guarantee has been given by anyone as to the results of this procedure and I release the medical
practice and healthcare practitioner from any damages that may result.
_____ (initials)

5. I consent to the doctors performing different or additional operations or procedures that they deem
necessary or advisable during the course of the procedure.
_____ (initials)

6. I understand that I am encouraged and invited to ask any questions I may have, and all of my questions
have been answered to my satisfaction.
_____ (initials)

I have read and understood what this form contains.

Patient, parent or person authorized to sign for patient

Physicians' signature