

CONSENT TO OPERATION AND OTHER PROCEDURES

SECTION I. Patient Information

1. I hereby authorize and direct _____ and/or associates and assistants of his/her choice to perform the following operation(s) or procedure(s): _____

(Name of operation or procedure)

2. I hereby authorize and direct the above named surgeon or other physician and/or associates and assistants to provide or arrange for the provision of such additional services or related procedures that are deemed necessary or advisable, including, but not limited to, pathology and radiology services.

3. I understand that there may be health care industry manufacturing representatives or other visitors present in the operating room for the purpose of providing technical support during my procedure, and consent to this at the discretion and approval of the physician and hospital.

I do NOT consent.

4. All operations and procedures involve risks, such as unsuccessful results, complications, injury, or even death, from known and unforeseen causes. I have the right to be informed of such risks, as well as the nature of the operation or procedure, the expected benefits or effects of such operation or procedure, and the available alternative methods of treatment and their risks and benefits. I also have the right to be informed whether my physician has any medical research or economic interests related to the performance of the proposed operation or procedure. I have the right to receive this information and to give my consent before operations or procedures are performed. I have the right to consent to or refuse any proposed operation or procedure at any time prior to its performance. No warranty or guarantee is made as to the result or cure.

5. **My signature on this form indicates that: (1) I have read and understood the information contained herein; (2) I have been informed about this operation or procedure and the potential risks, benefits, alternatives and the risk of those alternatives; and (3) I authorize and consent to the performance of this operation or procedure.**

Signature of patient, parent, conservator or guardian

If signed by other than the patient, indicate relationship

Witness to signature

Printed name of witness to signature

Signature of translator

Printed name of translator

Date

Time (AM/PM)

SECTION II. Telephone Consent? Yes

SECTION III. Patient Declines to be Informed

Although I have been given an opportunity to be advised of the nature and purpose of the operation or procedure, and the risks, benefits, and alternatives, I specifically decline to be so advised, but I do give my consent to the operation. No warranty or guarantee has been made as to the result or cure.

Signature of patient, parent, conservator or guardian

Date

Witness to signature

Printed name of witness to signature