

PATIENT INFORMED CONSENT

Dr. _____ has explained to me in a way that I understand:

1. The general treatment or procedure to be undertaken: _____
2. There may be other procedures or methods of treatment _____
and
3. There are risks to the procedure or treatment proposed _____
4. To the extent it is considered advisable for my care, I consent to anesthesia, blood transfusions, pathology/laboratory services, radiology services, prescription drugs or other medication as authorized by my physician.

EXCEPTIONS

5. I consent to any other procedures my physician determines are necessary when it is not feasible to obtain my consent.
6. I consent to the disposal of any removed tissues, body parts, or bodily fluids in accordance with customary practice.

My physician has also asked if I want a more detailed explanation of items 1, 2, and 3 above. I am satisfied with the explanation and do not want any more information. I have given my permission and consent to the procedure and treatment.

Print Patient's Name _____

Patient's Signature _____

Date _____ Time _____

Signature of person authorized to consent for patient

Relationship to patient _____

Date _____ Time _____

Explained by me and signed in my presence

Physician Signature _____