

Consent for Surgery of Procedure

ACCT#: DOB: SEX:
DOS: DR:
Home Ph#:

- Please read this form.
- Ask about any part you do not understand.
- Be sure you have your questions answered before you sign this form.
- When you sign it, you are giving us permission to do this surgery or procedure.

I, (patient's name) agree for

along with any assistants the doctor may choose, to do this surgery or procedure on me at Lakeview Surgery Center:

Name of surgery or name of procedure in medical words - including left, right or level

1. I understand that my doctor may find other medical conditions he/she did not expect during my surgery or procedure. I agree that my doctor may do any extra treatments or procedures he/she thinks are needed for medical reasons during my surgery or procedure.
2. I understand I may be given medicine to put me to sleep, make parts of my body numb, or help control pain. People with special training will give this medicine. These people may be an anesthesiologist, a nurse, or the doctor doing my surgery or procedure.
3. I understand the doctor may remove tissue or body parts during this surgery or procedure. If it is not used for lab studies or teaching, it will be disposed of, as the law requires.
4. I understand pictures or video of my surgery or procedure may be taken, if my doctor thinks it is needed for medical reasons.
5. I understand someone may watch or help with my surgery or procedure for medical teaching. These people are usually medical or nursing students. A technical adviser may watch if my doctor thinks one is needed.

- What I am having done and why I need it.
- The possible risks to me of having this done.
- What might happen to me if I don't have it done.
- What other choices I can make instead of having this done.
- What can happen to me if I choose to do something else.
- What can happen to me if I choose no treatment.
- That there is no guarantee of the results.

I understand and my doctor has told me:

Be sure you have your questions answered before you sign this form.

I give my permission for this surgery or procedure.

Patient's Signature / Legal Consent Signature

Legal Consent Relationship

Signed

Witness Signed