Procedure Consent Form

_____ _____/_____/_____

Patient Name (Please print) Patient DOB

I, _____, authorize Dr. _____ to perform the following procedure:_____

By signing this form I acknowledge and understand the following:

1. My medical condition has been explained to me by my physician.
2. The reasons for and/or the purpose of the recommended procedure have been explained to me.
3. The nature of the recommended procedure has been explained to me.
4. The risks and benefits of the recommended procedure have been explained to me.
5. The alternatives (including non-treatment) to the recommended procedure have been explained to me.
6. All of my questions about the recommended procedure have been answered to my satisfaction.

By signing this form I acknowledge and understand that the practice of medicine is not an exact science, and that no guarantees have been made to me as to the results of the procedure. I also understand that complications may occur which are beyond the control of the physician. Despite these risks of both known and unknown complications, I agree and consent to the procedure.

The risks, benefits and alternatives to the type and method of anesthesia/sedation have been explained to me. My questions about anesthesia/sedation have been answered to my satisfaction, and I consent to the administration of such anesthetic/sedative medications as may be considered necessary or advisable by my physician.

I have read the above consent form. I fully understand it and authorize my physician to perform the recommended procedure.

_____ _____/_____/_____

Patient Signature (or Signature of Person Completing Form if Not Patient*) Date

*Relationship to patient: ☐ Parent ☐ Legal Guardian ☐ Other:_____

_____ _____/_____/_____

Witness Signature Date

_____ _____/_____/_____

Physician Signature Date