

CONSENT OF OPERATION AND RENDING OF MEDICAL SERVICES

PATIENT: _____ DATE OF SURGERY: _____

1. I, above name patient, hereby authorize _____ and whomever he/she may designate as associates or assistants to perform the following operations and/or therapeutic procedures upon me:

2. If any unforeseen condition arises during the operation(s) or procedure(s), I authorize the above-named surgeon and/or their associates to provide such additional services as they may deem necessary or advisable.
3. The nature and purpose of the procedure(s) / operation(s), possible alternative treatments, the risk involved, and the possibility of complications have been explained fully to me. The comparative risks, benefits and alternatives associated with performing the procedure in the Surgery Center instead of in the hospital have also been fully explained. I acknowledge that no warranty, guarantee or assurance has been made as to result or cure.
4. I consent to the administration of anesthesia applied by the surgeon and to the use of such anesthetic as may be deemed advisable by the surgeon.
5. I hereby authorize the above-named surgeon to use his/her discretion in the retention, preservation or disposal of any severed tissue.
6. For the purpose of advancing medical education, I consent to the admittance of observers to the operating room.
7. Provided my identity is not revealed, I consent to the photographing or recording of my operation for medical or educational purposes.
8. I consent to the performance of physical examinations and routine diagnostic procedures, and to the injection or other administration of pharmaceutical agents incidental to any procedure, operation or treatment described above.
9. By my signature below, I certify that I have read and fully understand this Consent to Operation, that explanations requested were made, and that all blanks or statements requiring insertion, striking, or completion were filled in or stricken before I signed.

Patient's Signature Date/Time

Surgeon's Signature Date/Time

If the patient is a minor or unable to sign, complete the following:

- Patient is a minor
- Patient is unable to sign because _____

Signature Relationship to patient Date/Time

Surgeon's Signature Date/Time