

INFORMED CONSENT FOR PROCEDURE / OPERATION

PLEASE READ THIS DOCUMENT CAREFULLY. CROSS OUT ANY STATEMENTS(S) THAT DO NOT APPLY AND INITIAL THE CHANGE.

1. I, hereby authorize Dr. _____ and such associates and/or assistants as selected by him/her, to perform or direct the performance of the following operation and/or procedure:

2. My physician has explained to me the reasons for this procedure, the nature of the procedure, and possible alternatives to this procedure and their risk. I have also been informed of the possible risks and consequences of this procedure, including but not limited to: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, and pneumonia. These risks can be serious and even death can occur. I understand that the explanation I have received is not exhaustive and there may be other remote risks and consequences. State specific risks of the above named procedure _____
3. I understand that my operation may require anesthesia. The administration of anesthesia involves risk, most importantly a rare risk of reaction to medications possibly causing death. I also understand that there are potential complications of all types of anesthesia, including local, regional and general, ranging from temporary and minor to permanent and serious. I have received no guarantees that this operation will be free from anesthesia complications.

I request the administration of such anesthetics as are deemed necessary by the person responsible for these services, with the exception of:

4. I have been advised that dental devices such as dentures, bridges, caps, crowns, fillings, etc are more subject to damage than normal teeth would be during surgical and anesthesia procedures. I have also been advised that all removable teeth should be removed by me before going to surgery and I agree that responsibility for loss or damage will be mine, if I fail to remove such teeth.
5. I understand that during the procedure, other or different conditions may be discovered that require emergency, additional or different procedures than those planned, and I authorize the performance of such other procedures including the administration of blood or blood products which are in the exercise of professional judgment necessary and advisable, EXCEPT: _____
- _____
6. I consent to this disposal, by the authorities of the above-named facility, of any tissue, body parts, prosthetic devices, or foreign bodies which it may be necessary to remove during the procedure.
7. I understand I am responsible for arranging a ride home and that I am not to drive, operate equipment or drink alcoholic beverages for 24 hours following the procedure, EXCEPTION: _____
- _____
8. I also consent to the presence of medical and paramedical personnel during the procedure.
9. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made concerning the results of the operation and/or procedure.

INFORMED CONSENT FOR PROCEDURE / OPERATION – continued

PATIENT ACKNOWLEDGEMENT: I have read or had read to me, and understand the contents of this form; and such, I believe that I have the knowledge upon which to base consent to the proposed operation and/or procedure. All questions I have concerning the operation and/or procedure have been answered to my satisfaction. I hereby give permission to have this operation and/or procedure performed.

Patient/Responsible Party

Date/Time

Relationship, if other than patient signs

Witness

Patient is unable to sign because _____

PHYSICIAN DECLARATION: I have explained the contents of this document to the patient/responsible party and have answered all the patient's/responsible party's questions. To the best of my knowledge, I feel the patient has been adequately informed and has consented to the proposed operation and/or procedure.

Physician's Signature,

Date/Time

ANESTHESIA DECLARATION: I have explained the administration of anesthesia to the patient/responsible party and have answered all the patient's/responsible party's questions. To the best of my knowledge, I feel the patient has been adequately informed and has consented to the administration of anesthesia.

Anesthesia Department Member's Signature,
if assigned to administer anesthesia

Date/Time