



GENERAL OFFICE PROCEDURE INFORMED CONSENT

I _____, hereby give consent to perform the following office procedure:

The reasons, risks and benefits of this procedure have been discussed with me and ample time has been given to answer all of my questions. I further understand that any operation or procedure involve some risks and hazards. The more common risks include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and severe blood loss.

I recognize that during the course of treatment(s) or procedure(s), unforeseen conditions may necessitate additional or different procedures or treatments than those set forth above. I, therefore, further authorize and request that my physician and the appropriate staff perform such procedures or treatments as are deemed necessary.

If any tissue, lesions or part is removed, the medical facility will send to pathology or dispose of it in accordance with the medical facility's usual custom.

I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantee, either expressed or implied, has been made as to the results of this procedure.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent. I certify this form has been fully explained to me, and I understand its contents. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Print Name: _____

Signature: _____

Date: _____