

CONSENT FOR SURGERY, ANESTHETICS, AND OTHER MEDICAL SERVICES

I authorize performance upon (myself or name of patient) _____
a procedure known as _____
to be done by *Dr. G. Vike Vicente* and designated assistant(s).

1. *Dr. G. Vike Vicente* has described this procedure to me in terms I understand and has answered all my questions to my satisfaction. Significant complications and risks which may be associated with this procedure, including the complications and risks of anesthesia have also been explained to me. I was advised of possible alternatives to this treatment, including the possible consequences of no treatment at all, and the significant complications and risks associated with such alternatives.
2. If, in the course of this procedure, the physician in charge determines that procedures in addition to or different from this procedure are necessary for (my or patient's name) _____ well-being, and it is not practicable to obtain my consent at the time, I authorize him/her to perform such procedures without further consultation with me.
3. I consent to the administration of such anesthetics as may be considered necessary or advisable by the physician responsible for this service.
4. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment.
5. I consent to the disposal by the staff of any tissue which may be removed.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT, THAT THE EXPLANATIONS REFERRED TO IN IT HAVE BEEN MADE AND THAT ALL BLANKS REQUIRING INSERTION OR COMPLETION WERE FILLED IN OR STRICKEN BEFORE I SIGNED.

Patient or person authorized to consent for patient

Date

Patient's name, printed

Witness

Date

****IF ANY OF THE FIRST FIVE ITEMS ARE STRICKEN BY THE PATIENT, INFORMED CONSENT IS NOT IN EFFECT AND THE PROCEDURE CANNOT BE PERFORMED.**