



AUTHORIZATION FOR AND CONSENT TO SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Patient's Name: _____

Date of Birth: _____

1. The attending provider is _____
2. This provider has recommended the patient undergo the following procedure:

Upon authorization and consent, the procedures, together with any different or further procedures which in the opinion of the provider may be indicated due to any emergency, will be performed on the patient. The procedures will be performed by the provider named above (or in the event the provider is unable to perform or complete the procedure, a qualified substitute provider), together with associates and assistants.

3. These procedures may involve risks of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of such risks as well as the nature of the procedures, the expected benefits or effects of such procedures, and the available alternative methods of treatment and their risks and benefits. You also have the right to be informed whether the provider has any independent medical research or economic interests related to the performance of the proposed procedures. Except in cases of emergency, procedures are not performed until you have had the opportunity to receive this information and have given your consent.

4. By your signature below you authorize the provider to use his/her discretion in disposition or use of any member, organ, or other tissues removed during the procedures set forth above.

5. To make sure that you fully understand the procedures, your provider will fully explain the procedures to you before you decide whether or not to give consent. If you have any questions, you are encouraged and expected to ask them.

6. Your signature on this form indicates that:
- a) You have read and understand the information provided in this form
 - b) The procedures set forth above has been adequately explained to you by your provider
 - c) You have had a chance to ask questions
 - d) You have received all of the information you desire concerning the procedures
 - e) You authorize and consent to the performance of the procedures

Patient/Parent/Conservator/Guardian Date Time _____AM/PM

Relationship to Patient: _____

Witness Date Time _____AM/PM