

SPECIAL AUTHORIZATION AND CONSENT TO SURGICAL AND MEDICAL PROCEDURES

Patient: _____

Date: _____

A. DISCLOSURES

1 Patient's Condition and Recommended Procedures.

I understand from my physician, Dr. _____, that the medical diagnosis of my condition is: _____. The nature of my condition was clearly and fully explained to me. I have been advised of the recommended course of treatment and the purpose for which such procedure/treatment. I have also been informed of the consequences of non-treatment as well as all possible alternatives to the proposed treatment / procedure. After having been advised of the nature of the course/s of treatment available, their individual benefits, disadvantages, effects (adverse and otherwise), and possible complications in a language and in the manner that I understand, I have knowingly and voluntarily decided to avail of and undergo the following treatments:
_____.

2 Risks and Consequences.

In addition to the usual risks attached to the nature of the course of the treatment stated in Section 1, I am aware of special risks, complications, and consequences that are particularly associated with the treatment that I have consented to. I understand that the pain of varying degree of severity and some fluctuation in vision are to be expected after the surgery but that upon occurrence, medication will be administered to help alleviate or minimize the severity of these symptoms.

3 Anesthesia.

I understand that the surgical procedure recommended will be done under _____ Anesthesia to be administered by the staff, the surgeon himself, or a competent anesthesiologist, as may be required. I understand that there are risks that accompany the administration of anesthesia, and acknowledge that:

- The general risks have been explained to me by physician in a language in a manner that I understand; and
- The special risks will be explained to me before the procedure, by the anesthesiologist who will attend to my case.

4 Medical History

I warrant and represent that I have fully disclosed the truth regarding my medical history as well as that of my family which may be relevant to or which may affect the diagnosis of my doctor and the treatments recommended.

B. CONSENT TO OPERATION

1 Consent to Procedure

After having been provided the relevant and material information in regard to the contemplated procedure, its benefits, disadvantages, effects (adverse and otherwise), and possible complications, I authorize Dr. _____ and his staff to perform the _____ procedure under _____ anesthesia to be administered by Dr. _____.

2 Extension of Operation

I understand that during the course of my surgery, other conditions may be discovered which in the best judgment of my physician requires an extension of my originally contemplated operation or the performance of additional surgical procedure(s), and I authorize such extension and/or additional surgical procedures, except the following: _____.

3 Anesthesia

I understand that the risks (general and special) that accompany the administration of anesthesia have been explained to me by Dr. _____, the anesthesiologist who will attend my case. I authorize the administration of customary and appropriate anesthesia by, or under the supervision of Dr. _____, except _____.

4 Observe and Medical Data

I consent to the admittance of observers in the operating room during my operation in accordance with the ordinary practices of my physician and the _____, except: _____ . I acknowledge that my medical data may be a part of a compilation of data in reports or studies involving the particular type of surgery and consent thereto, provided that my identity is not revealed without my prior express written authority. I consent to the taking of photographs (both still and video) and to the use there of for scientific purposes, provided that my identity is not revealed without my prior express written authority.

5 No Guarantee

All questions in regard to the foregoing were entertained and answered by my physician and clinical staff to my satisfaction. I understand that the matters explained to me by my physician are those that are reasonably possible under the circumstances of my case, but the benefits, disadvantages, effects (adverse and otherwise), and complications consequent to the surgical procedure to be performed, other than those that were disclosed to and discussed with me by my physician, may likewise occur. Although I expect the surgical and anesthetic procedures subject hereof to be performed with no less than the customary standard of medical care, I acknowledge that no guarantee can be made to me concerning the results. I reiterate that although I expect the surgical and procedures subject hereof to be performed with no less than the customary standard of medical care, I acknowledge that no guarantee has been made to me concerning the results.

I AFFIRM THAT MY DECISION TO AVAIL OF AND UNDERGO THIS PROCEDURE IS PURELY VOLUNTARY.

Patient's Signature: _____

[If the patient is a minor or is otherwise incapable of affixing his signature and/or giving consent, the signature of the patient's legal representative _____ is affixed hereunder.]

Representative's Signature: _____

Relationship to Patient: _____

Witness' Signature: _____

Physician's Signature: _____

Printed Name: _____

Printed Name: _____