

Patient Informed Consent

THIS FORM IS PROVIDED AS A COURTESY AND SHOULD NOT BE CONSTRUED AS LEGAL ADVICE

A. OPERATION OR PROCEDURE AND ALTERNATIVES:

I, _____, (patient or guardian) authorize
Danton S. Dungy, M.D. to perform the following operation or other procedure:

I understand the reason for the procedure is: PAIN RELIEF

Alternatives include: MEDICATIONS, CANE/CRUTCH, ACTIVITY RESTRICTION

B. RISKS: This authorization is given with the understanding that any operation or procedure involves some risks and hazards. These risks might be infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and pneumonia. These risks are serious and possibly fatal.

Some additional risks might be _____

C. ANESTHESIA: The administration of anesthesia also involves serious risks, most importantly a rare risk of reaction to medications causing death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services except: (if none, write "none")

D. ADDITIONAL PROCEDURES: If my physician discovers a different unsuspected condition at the time of surgery, I authorize him to perform such other procedures as deemed necessary except: (if none, write "none")

E. RESULTS NOT GUARANTEED: I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.

F. PATIENT'S CONSENT: I have read and fully understand this consent form and understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form. I have no further questions.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED PROCEDURES OR ANY QUESTIONS CONCERNING THEM, ASK YOUR PHYSICIAN BEFORE SIGNING THIS FORM.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!!

WITNESS

PATIENT/RESPONSIBLE PARTY

DATE:

TIME:

PHYSICIAN DECLARATION: I have explained the contents of this document to the patient and have answered all the patient's questions and to the best of my knowledge the patient has been adequately informed. The patient has consented.

PHYSICIAN'S SIGNATURE

DATE:

TIME:

