



CONSENT TO OPERATIVE PROCEDURES

- 1. I hereby authorize Dr. Vikas Merchia and associates... 2. I impose no specific limitations... 3. If any conditions are found... 4. The nature, extent and purpose... 5. Anesthesia will be given... 6. I consent to have the pathologist... 7. I consent to the televising... 8. I consent to the presence of a clinical consultant... 9. The possible need for a transfusion...

Input boxes for checkboxes: Patient Refuses, Not Applicable

10. Surgeon's comments, if any: Major RISKS including, but not limited to: Bleeding (possibly requiring transfusion); Infection; Injury to surrounding structures (bowel, bladder, nerves, ureter, possibly requiring repair). Failure to obtain desired results. Possible need for further surgery. Possible vascular or respiratory complications, e.g.: blood clots, pneumonia. All surgeries with potential risk of death.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND THAT THE SURGEON, OR HIS/HER DESIGNEE HAS ANSWERED ALL OF MY QUESTIONS.

I CERTIFY THAT I HAVE CONVEYED THE RISKS AND BENEFITS OF THE PROCEDURE, AS DESCRIBED BY THE PHYSICIAN, TO THE BEST OF MY ABILITY.

Signature of Surgeon/Designee Date Time

Signature of Translator Date Time

Signature of Patient/Designee Date Time

Witness Date Time

If patient is unable to sign or is under 18 years of age, complete the following:

- Input boxes for checkboxes: Patient is a minor, Patient is unable to sign because:

I am of patient, and hereby consent to the surgical procedure(s) on behalf of the patient: