Physician's Surgery and Procedure Consent Form

[*For completion at conclusion of informed consent discussion*]

_____1.   I consent to the performance of the following operation or procedure *(technical name)*_____
Initials   _____ upon _____.
                                                                                        (myself or name of patient)

The purpose of this operation or procedure is *(lay language)*_____ and

will be performed by Dr. Doug A. Vermillion and whomever he may designate as assistants.

_____2.   Dr. Vermillion has explained the nature and purpose of the operation or procedure, anesthesia, the benefits and risks of
Initials   the operation or procedure, the possibilities of complications, and the alternatives to this operation or procedure and their

risks and benefits to me.

_____3.   Dr. Vermillion has explained to me that a satisfactory result is expected, but that the following are some of the
Initials   complications or effects that could or may occur: bleeding, infection, damage to adjacent tissues or organs, swelling,

pain, suture reaction, delayed healing, scarring, anesthesia or medication reaction, recurrence, additional operations, and

in rare instances, paralysis or death; other:

_____

_____

_____

_____4.   No one has given me a guarantee or assurance about the results that may be obtained.
Initials

_____5.   I (we) understand that Dr. Vermillion may encounter or discover other or different conditions which require additional
Initials   or different procedures than those planned. I (we) authorize Dr. Vermillion, and associated technical assistants, and other

health care providers to perform such other procedures which are advisable, in their professional judgment, for my

immediate well-being.

_____6.   I have informed my physician of all my allergies including: _____,
Initials   and their associated symptoms: _____.

_____7.   I was invited and encouraged to ask any questions I may have. All of my questions have been answered to my
Initials   satisfaction. I have read and understand the contents of this form, and I wish to proceed.

_____   _____
Witness   Patient, parent or person authorized to sign for patient *(please print)*

Date: _____   _____
                                                      Signature of patient, parent or person authorized to sign for patient