

## **CONSENT FOR PROCEDURE OR TREATMENT**

The form on the next page can serve as a guide for a standardized consent for testing or treatments. You may modify this form to best meet your needs. We recommend your hospital's legal team review this form before implementation.



**CONSENT FOR PROCEDURE OR TREATMENT**

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended procedure or treatment so that you may make the decision whether or not to undergo treatment after knowing the risks and hazards involved. This disclosure is not meant to worry you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

- 1. I authorize Dr. \_\_\_\_\_ and such assistants as may be chosen by him/her to perform the following treatment or procedure:
- 2. Risks and Complications: I understand that any procedure or treatment can be associated with risks and complications that can include but are not limited to: allergic reactions, bleeding, adverse effects of drugs, loss of bodily functions, failure to relieve symptoms, infection, and increased pain and discomfort. In rare situations, complications from invasive procedures could even be life-threatening. Additional common, serious risks include :

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- 3. Benefits of Procedure: I have been informed that the goal of the procedure or treatment recommended is potential diagnosis or treatment of the suspected medical condition.
  - 4. Alternative Treatments: I have been informed of alternatives of care, including not having this procedure or treatment performed.
  - 5. Unforeseen Conditions: Realizing that it is impossible for any physician to foresee all possible conditions and inform me of the same, I hereby authorize and request the physician and other necessary persons to provide additional treatments or perform additional procedures for any conditions discovered during the performance of this procedure or treatment that the physician deems necessary in the exercise of his/her professional judgment.
  - 6. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of this procedure or treatment.

I have read and I understand the entire document and I voluntarily consent to the treatment as explained to me by my physician. I am aware that I am free to withdraw my consent at any time prior to the performance of the treatment

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Signature of Patient/Legal Representative

Relationship: \_\_\_\_\_

I acknowledge that I have personally explained the above information to the patient or his/her representative.

\_\_\_\_\_  
Physician Signature