

Consent For Procedure - FMC

I hereby authorize Dr. _____ and/or such assistants as may be selected by him/her, to treat the condition or conditions which appear indicated by the diagnostic studies already performed.

Procedure or procedures to be performed:

I understand and agree that in certain situations it may be necessary for an associate of the physician listed above to assist the listed physician in the procedure or to perform procedure in the absence of the listed physician.

My doctor has explained to me the type, nature and extent of the procedure and the potential benefits, risks and side effects of the procedure(s) to be performed. I have also received from my doctor a fair explanation of reasonable alternatives to the proposed procedure(s) and the potential benefits, risks and side effects of those alternatives, The risks of not having the

Signature of Patient

Date/Time

Patient is unable to sign and I, the undersigned, as his or her nearest relative or legal guardian, have signed the foregoing consent for the patient, believing this to be in the best interest of the patient and for the purpose of inducing the physician to perform the operation or procedure(s) authorized therein.