Verification of Informed Consent

I hereby authorize and direct, GINA S. NELSON, M.D., with associates or assistants of her choice, to perform the following operation as we have agreed upon ________________________________

The details of the operation or procedure have been explained to me in terms that I could understand. Alternative methods of treatment, if any, have been explained to me, as have been the benefits and disadvantages of each. We have also discussed the risks, if any, of not having the operation or procedure. I am advised that though good results are expected, complications cannot be anticipated and that therefore there can be no guarantee, either expressed or implied, as to the results of the surgery or cure.

The doctor has answered all my questions.

The doctor has explained to me the most likely complications or problems that might occur in this operation and during the healing period, and I understand them.

The doctor has offered to detail the less likely complications that, even if rare, could occur. Please initial one:

_____ I do wish to have these described to me.  _____ I do not wish to have these described to me.

I understand there is a remote risk of death or serious disability with any procedure.

I authorize and direct GINA S. NELSON, M.D., with her associates or assistants, to provide such additional services as they may deem reasonable and necessary including, but not limited to, the administration of any anesthetic agent and the services of the x-ray department and the laboratories.

I further consent to the administration of such anesthetics as may be considered necessary. I recognize that there are always risks to life and health associated with anesthesia and such risks have been fully explained to me. Please initial:

_____ I certify that I have read and that I understand this consent and that all blanks were filled in prior to my signature.

______________________________________________  __________________
Patient Signature                        Date

______________________________________________  __________________
Legal Guardian/Representative/Witness Signature  Date

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed procedure/operation, have offered to answer any questions, and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

______________________________________________  __________________
Physician Signature                        Date