



Surgical Consent Form

Patients Name: _____

Procedure: _____

I authorize the performance of the above named procedure to be performed by: Dr Dan Hibbert, MD, Hans Rayner PA-C, or Chad Jarvis PA-C.

I consent to the administration of such anesthetics as may be considered necessary or advisable with the exception of:_____. I understand that the administration of anesthesia involves some risk to the patient even though done in a careful and prudent manner. I understand that a patient should not drive or operate a car or moving equipment nor drink alcoholic beverages for at least 24 hours following a general anesthetic (being put to sleep).

I confirm the following: That my physician has explained to me the nature, purpose and possible consequences of each procedure as well as the risk involved, possible complications and possible alternative methods of treatment; That I understand that the explanation I have received is not exhaustive and that other remote risks and consequences may arise; That I have been advised that a more detailed and complete explanation of any of the foregoing matters will be given to me if I so desire; That I do not desire such further explanation; and That I acknowledge that I have received no guarantees or assurances from anyone as to the results that may be obtained.

I consent to the disposal of any tissues or body parts which may be removed.

I understand that the above named physician and his associates or assistants will be occupied solely with performing such procedure. The physician and the physicians performing services involving pathology are not the agents, servants or employees of the above named physician, but are independent contractors.

I acknowledge that all blank spaces in this document have either been completed or crossed off to my signing.

(CROSS OUT AND INITIAL ANY PARAGRAPHS ABOVE WHICH DO NOT APPLY)

Signature of Patient or Personal Representative

Date

Relationship to Patient

Signature of Provider