



CONSENT FOR SURGICAL PROCEDURE

Upon your authorization and consent, the procedure listed above together with any different or further procedures which, in the opinion of Dr. Worrell, may be indicated or necessary due to any emergency, will be performed on you. The operation and procedures will be performed by your doctor (or, in the event that he is unable to perform or complete the procedure, a qualified substitute surgeon) together with the appropriate associates and assistants, including anesthesiologists, pathologists, and radiologists.

This operation carries certain general and specific risks including, but not limited to, the following: unsuccessful results, complications, scarring, temporary and/or permanent injury, paralysis or even death from both known and unknown or unforeseen causes. No warranty or guarantee is made as to the results or cure of this procedure.

You have the right to be informed of such risks, as well as the nature of the operation or procedure, the expected benefits, risks and possible side effects of such an operation and the available alternative methods of treatment as well as their respective benefits and risks. You have the right to consent to, withdraw consent to, or refuse any proposed operation at any time prior to its performance. Your signature below indicates that:

1. You have read and understand the information provided in this form;
2. The operation, its risks, possible complications, benefits, and available alternatives have been fully and completely explained to you by your doctor, and that you fully understand and are aware of all of the above;
3. You have had a reasonable opportunity to ask your doctor questions and you fully understand the answers that he has provided to you;
4. You have been fully informed and understand the perioperative care needed for your surgery;
5. You have received all the information you desire concerning the procedure;
6. You consent to photography or videotaping of your procedure, of portions thereof, to the extent that your identity is protected.
7. You understand and speak the language that this form is written in: English. To the extent that English is not your first language, you have sought and received a reliable translation and understand fully the contents of this form; and
8. **YOU AUTHORIZE AND CONSENT TO THE PERFORMANCE OF THE PROCEDURE(S) STATED ABOVE TOGETHER WITH THOSE OTHER PROCEDURES THAT MAY BE REASONABLY NECESSARY IN THE EVENT OF AN EMERGENCY.**

Date: _____

Signature (Patient / Guardian): _____

Print Patient Name: _____

Witness Signature: _____

Doctor Signature: _____