

Informed Consent

I, _____ (Physician) have discussed the following topics with _____ (Patient) in advance of providing Patient with the treatment(s) and/or performing the procedure(s) specified below and with respect to which Patient has given this Informed Consent.

A. Patient's current medical condition for which Patient is seeking medical treatment: _____

B. Nature of the proposed treatment/procedure: _____

C. Purpose of the treatment/procedure: _____

D. Risks and hazards of the treatment/procedure: _____

E. Alternative(s) (including non-treatment) to the treatment/procedure and risks associated with such alternative(s): _____

F. Anticipated benefits of the treatment/procedure: _____

G. Chances of success of treatment/procedure: _____

H. Expected length of recovery time: _____

I. My qualifications to provide the treatment or perform the procedure: _____

Physician: I certify that all the foregoing information is true and correct and was discussed with Patient in a way that Patient fully understood all the information I conveyed to Patient. I gave Patient the opportunity to ask me any questions Patient needed the answer to in order to make an informed decision about the treatment/procedure specified above. It is my understanding that Patient does consent to the foregoing specified treatment(s)/procedure(s).

Signature

Date

Patient: I certify that Physician discussed with me all the foregoing information and that I understand the information. I had the opportunity to ask all the questions I needed to, have received all the information I require and have had sufficient time to think about the alternatives and discuss same with those people I needed to in order to make an informed decision about the treatment/procedure specified above.

I understand that Physician cannot:

- (a) anticipate all the risks associated with the treatment(s)/procedure(s);
- (b) know how I might react to such treatment(s)/procedure(s); or
- (c) guarantee the anticipated benefits or chances of success of such treatment(s)/procedure(s).

I have carefully considered all the relevant information provided to me regarding the foregoing treatment(s)/procedure(s) and have determined, of my own free will, that I desire to proceed with the treatment(s)/procedure(s) specified above. I am of sound mind and am capable of making this decision on my own behalf.

Signature

Date

Witness Signature

Date

Print Witness Name

<<Company>>
<<Street>>
<<City>>, <<State>> <<Zip>>
For more information call <<Phone Number>>