Redimed Procedure Consent

**CONSENT FOR OPERATION/PROCEDURE, ANESTHETICS, AND OTHER MEDICAL SERVICES**

I request Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to perform the following procedure(s):

Upon:

Doctor has explained the following to me:

* My condition
* The nature and purpose of the proposed procedure(s)
* Complications (problems) that may arise

I have received answers to all my questions about my condition, the procedure(s), possible alternatives, possible complications, and the risks. I accept the risk of substantial and serious harm, if any, with hope to better my condition from the procedure(s).

I also understand that problem(s) and complications may occur even when the best care, judgment, and skill are used.

I know that any time a person has an operation or other medical procedures; there are risks of serious injury or even death. No guarantees have been promised to me from this procedure(s) or from the anesthesia.

I HAVE READ AND UNDERSTAND THIS CONSENT INFORMATION. I ACCEPT THE RISKS INVOLVED.

Patient’s signature:

Witness’s signature:

Date: