

PREMIER DERMATOLOGY
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CONSENT FOR INVASIVE PROCEDURE

THE PATIENT: You gave the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I, _____ voluntarily request that Dr. Keehan, as my physician, and such associates, technical assistants and other health care providers as they deem necessary, treat my condition which has been explained to me.

I (we) understand that the following surgical, medical and/or other diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures. _____

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) understand that no warranty or guarantee has been made to me as to result or cure. Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the surgical, medical and /or diagnostic procedures planned for me. I (we) realize that common to surgical, medical and/or diagnostic procedures is the potential risk for infection, hemorrhage or allergic reactions. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure(s):

I (we) have been given the opportunity to ask questions about my condition, risks of non-treatment, the procedure to be used and the risks and hazards involved. I (we) have read the above or have had it read to me (us), and that the blank spaces have been filled in and that I (we) understand its contents.

I (we) being the parent(s), guardian and/or legal representative of _____, a minor the age of _____, have examined this instrument and I (we) understand its contents and my (our) consent hereby given is voluntary.

DATE: _____

TIME: _____ AM/PM

SIGNATURE OF PATIENT/PARENT /OR OTHER LEGALLY

SIGNATURE OF PHYSICIAN INFORMANT

RELATIONSHIP TO PATIENT