

**Consent to Medical Procedure**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**I approve and direct (Provider)** \_\_\_\_\_

**To perform (Procedure)** \_\_\_\_\_

**Using (Type of Anesthesia)** \_\_\_\_\_

**Reason for procedure (diagnosis):** \_\_\_\_\_

The risks, benefits, alternatives, and complications have been explained to me, and my questions have been answered. I, the patient, or someone representing me, have approved the procedure and the plan for anesthesia.

My provider may need to perform other procedures during this procedure or may need to stop before the procedure is complete. This could happen if my provider finds an unexpected condition. Any unusual findings or alternate procedures will be discussed with me.

I give permission for any necessary specimens to be transmitted to the laboratory for testing. I understand that this may involve additional charges from the laboratory. This procedure [IS / IS NOT] expected to require a laboratory specimen.

I understand the purpose of the procedure needed for my treatment. I know the practice of medicine is not an exact science, and that no guarantee can be made about the outcome.

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**Patient Signature (Parent/Guardian for Minor)**

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**Witness Signature**

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**Date Signed**