



Disclosure and Consent Medical and Surgical Procedures

I, _____ (patient name) have the right, as a patient, to be informed about my condition and the recommended surgical, medical, diagnostic procedure to be performed so that I may 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 me, it is meant to make me better informed so I may give or withhold my consent to the procedure.

I (we) voluntarily request DR. RAJ THAKUR, as my physician and such associates, technical assistants and other health care providers, as they may deem necessary to treat my condition, which has been explained to me as: _____

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

I (we) understand that no warranty or guarantee has been made to me as a 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 performance of 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 for infection, blood clots, hemorrhage, allergic reactions, paralysis and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

1. Allergic reaction
2. Infection

I (we) understand that certain complications may result from the use of any anesthetic (general or local) including respiratory problems, drug reaction, paralysis, brain damage or even death. I (we) understand that risks or hazards may result from spinal or epidural anesthetics including headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) have sufficient information to give this informed consent.

I (we) certify that this form has been fully explained and that I (we) have read it or have had it read to me (us), that the blank spaces have been filled in, and that I (we) understand its contents.

Date: _____ Signature: _____

Time: _____ Witness Signature: _____