



PODIATRIC SURGICAL CONSENT

1. Patient's name _____
2. Consent date _____
3. I hereby authorize Dr. _____ and whomever he may designate to assist him, including Podiatric residents, preceptees, and assistants, to treat the condition which appears to be indicated by the medical history and diagnostic studies already performed. I understand that condition to be:

(Explanation in layman's language of the nature and the need to treat such condition)

4. The procedure(s) necessary to treat my condition (has, have) been explained to me; I understand the procedure to be:

(Description of procedure(s) in layman's language)

5. I acknowledge that the doctor has informed me about the nature and purpose of the procedure and the possible consequences or risks associated with it. I have also been informed there are other risks such as, but not limited to, loss of blood, infection, cardiac arrest, reaction to anesthesia or medication, and recurrence of the condition. Doctor has also explained possible alternative methods of treatment. I hereby acknowledge that I understand the information he has given me.
6. I consent to the administration of anesthetic by my doctor and his designees, and to the use of such anesthesia, as he may deem advisable.
7. It has been explained to me, that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in paragraph 4. I therefore authorize and request that the doctor, his assistants, or his designees perform such surgical procedures as are necessary and desirable in the exercise of professional judgment. The authority granted under this paragraph 7 shall extend to treating all conditions that require treatment and are not known to Dr. at the time the operation is commenced.
8. I acknowledge that the practice of medicine and surgery is not an exact science and I acknowledge that the doctor has made no guarantees or assurances at the time the operation is commenced.
9. I agree to follow all post-operative instruction, treatments, and recommendations deemed advisable by the doctor, and I authorize admittance of qualified and authorized observers to the operation room, for the purpose of advancing medical education.
10. I hereby authorize the doctor to submit for pathological examination if he deems necessary, the removed tissues, parts or organs resulting from the procedure or operation authorized above, and to dispose of such removed tissue, parts or organs as he deems necessary and required.
11. I certify that I have read, or have had read to me, and fully understand this consent form, that the explanations therein referred to were made and that all blanks or statements were filled in and applicable paragraphs, if any, were stricken before I signed.

X _____ Date _____
Patient's Signature (Signature of person authorized to consent)

X _____ Date _____
Witness

X _____ Date _____
Doctor's Signature