

Consent to Operation

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_

DATE 1967 TIME \_\_\_\_\_ A.M. P.M. PLACE \_\_\_\_\_

1. I hereby authorize the medical staff of the ORINS Medical Division, or such physician as they may designate, to perform upon \_\_\_\_\_ (state name of patient or myself) the following operation: \_\_\_\_\_

If in the course of the operation any unforeseen condition arises calling for procedures in addition to or different from those now authorized, I further request and authorize him to do whatever he deems advisable.

- 2. The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me, I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
- 3. I consent to the administration of anesthesia by or under the direction of a staff member of the ORINS Medical Division or such other qualified person as he may designate. I further consent to the use of such anesthetics as he may deem advisable with the exception of \_\_\_\_\_ (if none, so state)
- 4. I consent to the disposal by authorities of the ORINS Medical Division of any tissues or parts which may be removed.
- 5. I consent to the taking and publication of any photographs in the course of this operation for the purpose of advancing medical education and science.
- 6. For the purpose of advancing medical education and science, I also consent to the admittance of observers to the operating room.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING CONSENT TO OPERATION, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED.

Signature of Patient \_\_\_\_\_

Signature of Patient's Spouse \_\_\_\_\_

When the patient is a minor or incompetent to give consent:

Signature of person authorized to give consent \_\_\_\_\_ X

Relationship to Patient \_\_\_\_\_

WITNESS: \_\_\_\_\_