

Southwest Women's Care

PATIENT INFORMED CONSENT

1. OPERATION OR PROCEDURE AND ALTERNATIVES:

I, _____ (patient or guardian), authorize Doctor _____, associates and assistants of his/her choosing to perform the following operation or other procedure:

I understand the reason for the procedure is:

2. RISKS: Potential risks include but are not limited to: Mild to life-threatening bleeding and infection, repairable or irreparable injury to adjacent organs (bowel, bladder, ureters, major blood vessels or nerves, uterus, tubes, ovaries), blood clots, heart attack, allergic reactions, post-operative pain, scarring, loss or impairment of fertility, nonspecific injury or even death.

3. ADDITIONAL PROCEDURES: If my physician discovers a different, unsuspected condition at the time of surgery, I authorize him or her to perform such other procedures as deemed necessary except:

_____ (If none, write "none")

4. PHOTOGRAPHY: I consent to the use of photography during my surgical procedure, through videotapes or photographs, to be used for educational purposes only. (These will not be maintained as part of your medical record.)

5. RESULTS NOT GUARANTEED: I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.

6. PATIENT'S CONSENT: I have read and fully understand this consent form, and understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form. I have no further questions.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED PROCEDURES OR ANY QUESTIONS CONCERNING THEM, ASK YOUR PHYSICIAN BEFORE SIGNING THIS FORM.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!

WITNESS

PATIENT/RESPONSIBLE PARTY

DATE: ____/____/____

TIME: _____ am pm

7. PHYSICIAN DECLARATION: I have explained the contents of this document to the patient and have answered all of the patient's questions, and to the best of my knowledge, the patient has been adequately informed. The patient has consented.

PHYSICIAN'S SIGNATURE

DATE: ____/____/____ TIME: _____ am pm

This form is provided as a courtesy and should not be construed as legal advice.