



I authorize the performance on \_\_\_\_\_ of the following:

\_\_\_\_\_  
State name of procedure(s) or operation to be performed.

to be performed by or under the supervision of Dr. \_\_\_\_\_ and assistants as the physician may designate.

1. I understand that my physician may discover unexpected conditions during my operation or procedure. I authorize and request my physician to perform whatever additional treatment and/or procedures are thought by my physician to be in my best interests. I understand that no one can predict what may be discovered during the surgery, but I trust my physician's judgment and authorize and consent to any such additional treatment and/or procedures.
2. I acknowledge that the nature and purpose of the operation or other procedures, possible alternative methods of treatment, the risks involved, possible consequences and complications have been fully explained to me by Dr. \_\_\_\_\_. I further acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.
3. I have consented to the administration of anesthesia to be administered by or under the direction of an anesthesiologist, and to the use of such anesthetic agents as the anesthesiologist and/or other physician may deem advisable.
4. I authorize Orthopaedic Outpatient Surgery Center, L.C. (OOSC) to retain, preserve and use for scientific, teaching or commercial purposes, or to dispose of at their discretion, any specimens or tissues removed from my body. I release to OOSC all of my ownership interests or other rights to these specimens, tissues or other materials.
5. I consent for healthcare industry representative to be present during the procedure, if requested by the physician.
6. I consent for a student to be present for observation only.
7. I consent to the imaging of the operation or procedure providing my identity is not revealed by the pictures or by description accompanying them.
8. I am signing this informed consent to acknowledge that I understand:
  - a. The general nature and purposes of the recommended operation or procedure.
  - b. The risks of the operation or procedure.
  - c. My options or alternatives.
  - d. The risks of the options.

All of the questions I asked about the procedure, operation, options on this document have been answered to my satisfaction. I give my informed consent to the operation/procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature, or, if the patient lacks legal capacity, signature and relationship of the person who has legal authority to consent on behalf of patient

**GENERAL CONSENT**