



## General Consent for Medical and Surgical Procedure

You have been given information about your condition and the recommended surgical, medical or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

### **Risks/Benefits of Proposed Procedure(s):**

Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, blindness, and even loss of bodily function or life, as well as risks of transfusion reactions and the transmission of infectious disease, including Hepatitis and Acquired Immune Deficiency Syndrome, from the administration of blood and/or blood components.

### **Complications; Unforeseen Conditions; Results:**

I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

### **Acknowledgments:**

The available alternatives, the potential benefits and risks of the proposed procedure(s), and the likely result without such treatment have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

### **Consent to Procedure(s) and Treatment:**

I accept the risk of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of the proposed health care. I acknowledge that my health care providers have explained my condition and the proposed health care in a satisfactory manner and that all questions asked about the health care had its attendant risks have been answered in a manner satisfactory to me.

Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorization and consent to the performance of the procedure(s) described above (including the administration of blood and disposal of tissue) by my physician and/or his/her associates assisted by hospital personnel and other trained persons as well as the presence of observers. I acknowledge that the nature of my medical problem and nature and purpose of the proposed procedure(s), including the risks, adverse side effects, alternatives, possible complications, including vision loss, prognosis without treatment, and probability of success have been fully explained to me.

Specifically, the degree and severity of the common risks and the probability that they will occur have been discussed. All questions have been answered to my satisfaction. I am aware that the practice of medicine and surgery is not an exact science, and specifically and expressly acknowledge that no guarantee or promises have been made to me as to the result that might be obtained. I have also been advised to have a driver available for my return home and understand my failure to provide one may result in the cancellation of my procedure.

**CHICAGO RIDGE**  
10436 Southwest Hwy  
Chicago Ridge, IL 60415

**TINLEY PARK**  
18210 S. LaGrange Rd., Ste 210  
Tinley Park, IL 60487

**MUNSTER**  
801 MacArthur Blvd, Ste 302  
Munster, IN 46321

I expressly consent to the performance of the above procedure(s) and further, if during the contemplated procedure(s) other conditions are discovered which is in the best judgment of my physician herein require an extension of the original contemplated procedure(s), I hereby expressly authorize and request any additional procedure(s) to be undertaken and performed. I further consent to the administration of such anesthesia that may be considered necessary and advisable in the circumstances.

If any unforeseen condition arises in the course of the above procedure which In the physician's judgement calls for procedures in addition to or different from those now contemplated, I further request and authorize the physician or his/her designates to do whatever they deem advisable.

X \_\_\_\_\_ / \_\_\_\_\_ X \_\_\_\_\_  
Patient Signature Date Witness

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