

INFORMED CONSENT TO PERFORM PROCEDURE OR DIAGNOSTIC TEST

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT NAME: _____ DATE: _____

The following has been explained to me in general terms and I understand that:

1) The diagnosis requiring this procedure is _____

(diagnosis described in layman's terms)

2) The nature of the procedure is _____

(describe the procedure in layman's terms)

3) The purpose of this procedure is _____

(specific for this patient)

4) MATERIAL RISKS OF THIS PROCEDURE:

As a result of this procedure being performed there may be material risks of: _____

6) The likelihood of success of the above procedure is:

 Good Fair Poor

7) Practical alternatives to this procedure include: _____

8) If I choose not to have the above procedure, my prognosis (future medical condition) is: _____

(to be filled in during informed consent process)

(Please complete opposite side.)