

# Hahn Ob-Gyn Associates

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## CONSENT FOR PROCEDURES

Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. I hereby authorize Hahn Ob-Gyn Associates and/or his assistant to perform the following:

\_\_\_\_\_

On my minor child or myself. \_\_\_\_\_

2. This procedure(s) listed in paragraph (1) has been explained to me by Hahn Ob-Gyn Associates and I completely understand the nature and consequences of the procedure(s). I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure.
3. I consent to the performance of operations and procedures in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions which the above named doctor or assistant may consider necessary or advisable in the course of the operation or procedure.
4. I consent to the administration of such anesthetics as may be considered necessary by the assigned physician responsible for this service with the exception of
5. \_\_\_\_\_
6. If patient is unable to sign, or is a minor, complete the following: Patient is a minor \_\_\_\_\_(years of age) or is unable to sign because of

\_\_\_\_\_

Signature: \_\_\_\_\_

Patient or person authorized to sign for patient

Witness: \_\_\_\_\_