



CONSENT FOR SURGERY OR SPECIAL PROCEDURE

PATIENT NAME: _____ DOB: _____
INSURANCE NAME: _____ DATE: _____

I hereby understand and authorize Dr. Al William Robaina and such assistant as may be selected by him/her to perform upon me the operation and/or procedure known as:

_____.

___ If any unforeseen conditions arise during the course of the operation, I do hereby authorize him/her to take whatever steps, and to perform whatever procedures he/she deems advisable, which may be in addition to or different from those now planned.

___ Dr. Al William Robaina has explained to me the general method of procedure, and he/she explained to me that there are certain risks and consequences that are associated with the aforesaid procedure.

___ The alternatives to the operation and/or procedure have been fully explained to me, and I was told that on alternative is that I may refuse the operation or procedure.

___ I acknowledge that the practice of medicine is not an exact science and that no guarantee or assurance has been made to me as to any of the results or risks, and I assume such risks involved.

___ I do/do not want to have further explanation, discussion or description of the operation or risks involved in all these procedures.

___ I consent to the disposal by Robaina Medical Center of any tissue or parts which may be removed from me.

___ I consent to the administration of such anesthetics as may be considered necessary or advisable to the physician responsible for this service in conjunction with the mentioned procedure.

___ The administration, common risks and alternatives have been explained to me by Dr. Al William Robaina and/or his/her associates.

I certify that I have read and fully understand this consent to treatment and/or operation(s) that the explanations herein referred to were made and that all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any were stricken before I signed.

Patients Signature

Witness to Signature

Authorized Person- Relationship

Date

I have explained the matters indicated above relating to the operation and/or procedure and the risks, consequences and alternatives. The patient and/or authorized person indicated here appeared to understand and consented to the procedure(s) described.

Physician Signature

Date