

Request for Surgery and Acknowledgement of Receipt of Information

State law requires us to obtain your consent to undergo surgery. You are being asked to sign the following confirmation that we have discussed: the nature and purpose of this procedure, the risks associated with it, advantages/disadvantages of alternative methods of treatment, and that we have answered all of your questions in a satisfactory manner.

I hereby authorize and direct Dr. Hooper and/or Dr. Jackson with assistants of her choice to perform surgery upon myself/child, including any necessary or advisable anesthesia. I further authorize the doctors to perform any other procedures that in their judgment are advisable for my wellbeing. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore there can be no guarantee as to the result of the procedure or as to cure.

The nature and purpose of the procedure is to remove the lesion in its entirety. Complications include but are not limited to the following:

- Allergic reaction to the anesthesia or surgical antiseptic
- Pain
- Bruising
- Swelling
- Infection
- Bleeding
- Scar
- Recurrence
- Need for more surgery
- Hematoma (collection of blood)
- Seroma (collection of fluid)
- Loss of feeling or nerve damage

I authorize and direct Dr. Hooper and/or Dr. Jackson and assistants to provide additional services, as they deem reasonable and necessary, including, but not limited to the administration of anesthesia, services of the x-ray department or laboratories, and I hereby consent thereto.

I state that I have read and understood the consent process; all questions about the procedure have been answered in a satisfactory manner. I certify that the procedure and risks were explained prior to my signature.

Signature of Patient _____ Date _____ Time _____
Signature of Guardian _____ Date _____ Time _____
Witness _____