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Scheduled on TBA

CONSENT FOR SURGERY

I, _____, desire Otto Weiglein BSC MD FRCSC and such assistants as may be assigned by him/her, to perform the elective procedure(s) of:

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Otto Weiglein BSC MD FRCSC during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Otto Weiglein BSC MD FRCSC or a qualified anesthesiologist and to the use of such anesthetics as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him/her to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

This is a Canadian Association for the Accreditation of Ambulatory Surgical Facilities unit and as part of the requirements, your chart may be subject to a peer review for quality control by the Canadian Association for the Accreditation of Ambulatory Surgical Facilities.

I agree to keep my doctor informed of any change in my permanent address so that he/she can inform me of any important new findings relating to my surgery. I further agree to cooperate with him/her in my aftercare until I am discharged from his/her care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Otto Weiglein BSC MD FRCSC.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Otto Weiglein BSC MD FRCSC to discuss them with you.

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Signature: _____

Date: _____

Witness: _____

Relationship: _____