



DISCLOSURE AND CONSENT MEDICAL AND SURGICAL PROCEDURES

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PATIENT:

TO THE PATIENT: You have the right, as a patient, to be informed about your condition, alternate treatment modalities if applicable, and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the benefits, risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr _____ as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me, and I voluntarily consent and authorize these procedures:

I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associates, technical assistants and other health care providers, to perform such other procedures which are advisable in their professional judgment.

The projected ratio of success has been explained to me and I understand that no warranty or guarantee has been made to me as a result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage (excessive bleeding), allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure:

Additional Risks Include:

Steroid injection series with x ray: possible dural puncture with headache, seizure, reaction to medication, possible worsening of symptoms, bleeding / hematoma, nerve injury and/or paralysis.

Blocks with anesthetics and steroids: bruising, swelling, inflammation at injection site, hoarseness, bleeding, seizures, pain, no improvement in symptoms, Paralysis, reaction to medications, numbness.

Epidural Blood Patch: bleeding, seizures, no improvement in symptoms, and reaction to medications.

Selective Nerve Root Injection / Transforaminal ESI with local anesthetic and steroids under x-ray: possible bleeding, bruising, hematoma, possible inflammation, swelling, possible weakness, paralysis, possible temporary low blood pressure, possible drug reaction, possible no relief or worsening of condition.

Musculoskeletal system treatments and procedures, arthroplasty of all joints with mechanical device: impaired function such as shortening or deformity of an arm or leg, limp or foot drop, blood vessel or nerve injury, pain or discomfort, fat escaping from bone with possible damage to vital organ, failure of bone to heal, bone infection, removal or replacement of any implanted device or material
Musculoskeletal system treatments and procedures, mechanical internal prosthetic device: impaired function such as shortening or deformity of an arm or leg, limp or foot drop, blood vessel or nerve injury, pain or discomfort, fat escaping from bone with possible damage to a vital organ, failure of bone to heal, bone infection, removal or replacement of any implanted device or material.

Intradiscal Electrothermal therapy (IDET)/Nucleoplasty/Percutaneous Discectomy: injury to nerve or blood vessels, weakness, paralysis, dural tear, headache, continued pain, need for further surgery, bowel or bladder changes, infection, reaction to medication.

Musculoskeletal system treatments and procedures, open reduction with internal fixation: impaired function such as shortening or deformity of an arm or leg, limp or foot drop, blood vessel or nerve injury, pain or discomfort, fat escaping from bone with possible damage to a vital organ, failure of bone to heal, bone infection, removal or replacement of any implanted device or material.

Musculoskeletal system treatments and procedures, Osteotomy: impaired function such as shortening or deformity of an arm or leg, limp or foot drop, blood vessel or nerve injury, pain or discomfort, fat escaping from bone with possible damage to a vital organ, failure of bone to heal, bone infection, removal or replacement of any implanted device or material.

Musculoskeletal system treatments and procedures, Ligamentous reconstruction of joints: failure of reconstruction to work, continued loosening of the joint, degenerative arthritis, continued pain, increased stiffening, blood vessel or nerve injury, cosmetic and/or functional deformity.

Musculoskeletal system treatments and procedures, children's orthopedics (bone, joint, ligament or muscle): growth deformity, additional surgery.

Arthroscopic treatments and procedures: nerve or vessel injury, arthritis, failure to improve, need for further surgery, continued pain, stiffness, failure to heal.

I do (do not) consent to the use of blood & blood products as deemed necessary by my physician in an emergency or other appropriate situation.

I do (do not) consent to the photographing or videotaping of the operations or procedures to be performed, including appropriate portions of my Initial body, for medical, scientific or educational purposes, providing my identity is not revealed by descriptive texts accompanying the pictures.

I do (do not) agree to the possible presence of a scientific observer in the operating room during my surgical care should my surgeon make such a request. I understand that said observer is not in any way associated with Cornerstone Surgery Center. I hereby release Cornerstone Surgery Center, its agents, assignors and successors, from any and all liability which may result from the presence of a scientific observer in the operating room.

I authorize my physician and the Cornerstone Surgery Center to dispose of, in accordance with the accustomed practice, any tissues or body parts surgically removed.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand the contents.

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