

GENERAL SURGERY CONSENT FORM
IMPORTANT INFORMATION ABOUT THIS DOCUMENT
READ CAREFULLY BEFORE SIGNING

TO THE PATIENT: You have been told that you should consider medical treatment/surgery. The Louisiana Medical Disclosure Panel Law requires us to tell you (1) the nature of your condition, (2) the general nature of the procedure/treatment/surgery, (3) the risks of the proposed treatment/surgery, as defined by the Louisiana Medical Disclosure Panel, and (4) reasonable therapeutic alternatives and risks associated with such alternatives.

You have the right, as a patient, to be informed about your condition 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 risks and hazards involved.

In keeping with the Louisiana State Law of Informed Consent, you are being asked to sign a confirmation that we have discussed all these matters. We have already discussed with you the common problems and risks. We wish to inform you as completely as possible. Please read the form carefully. Ask about anything you do not understand, and we will be pleased to explain it.

1. Patient Name: _____

2. Treatment/Procedure:

(a) Description, nature of the treatment or procedure: _____

(b) Purpose: _____

3. Patient Condition:

Patient's diagnosis, description of, the nature or ailment for which the medical treatment, surgical procedure or other therapy described in item number 2 is indicated and recommended:

4. Material Risks of treatment procedure:

(a) The material risks associated with the medical treatment, surgical procedure, or other therapy described in item number 2 of this Consent Form, as required by the Louisiana Medical Disclosure Panel Law, are:

See attachment _____

Not yet determined; risks as determined by your doctor are:

(b) Additional risks (if any) particular to the patient because of a complicating medical condition are:

(c) Risks generally associated with any surgical treatment/procedure, including anesthesia are: death, brain damage, disfiguring scars, paralysis, the loss of or loss of function of body organs, the loss of or loss of function of any arm or leg, infection, bleeding, and pain.

5. Therapeutic alternatives and risks associated therewith:

Reasonable therapeutic alternatives and the risks associated with such alternatives are: _____

6. (a) No Guarantees: All information given to me and, in particular all estimates made as to the likelihood of occurrences of risks of this or alternate procedures or as to the prospects of success, are made in the best professional

