

POST STREET SURGERY CENTER
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Written Informed Consent for Medical Procedures

Please read carefully and sign below.

By signing this form I understand the nature of the procedure that is about to be performed by my physician and/or designee and have been duly notified of its potential effects, risks and complications. The alternative including other options, and non -surgical treatments, potential problems related to the recovery period, likelihood of success, and possible result of non-treatment have been explained to me. All my questions regarding this procedure have been adequately answered.

Proposed Procedure:

These procedures and operations may all involve risks of unsuccessful results, complications, injury, and even death from both known and unforeseen causes, and no warranty or guarantee is made as to cure or result. This document, in no way, surrenders my right as a patient. I have the right to refuse or to consent to any procedure at any time prior to its performance.

Upon my authorization and consent, this operation or procedure, together with any different or further procedures, which in the opinion of the supervising physician may be indicated due to emergency, will be performed on me.

I understand that procedural complications, adverse reactions to medication, and injury by equipment used to perform the procedure are possible. It is my responsibility to inform my doctor about any condition, including pregnancy that may put me at risk for complications or make me ineligible for this procedure such as: serious reaction to the medications used, bleeding disorders, infections, heart or lung conditions or any systemic illnesses. By signing this document, I pledge that all of the information provided to the physician is true to the best of my knowledge.

I agree to abide by any instructions given to me by my physician to protect my health.

I have been given sufficient information on how to recognize appropriate potential problems and the means to contact the doctor or his staff if necessary.

Your signature on this form indicates 1) that you have read and understood this information provided in this form 2) that the operations and procedures set forth above have been adequately explained to you 3) that you have had an opportunity to ask questions, 4) that you have received all the information you desire concerning the operation or procedure, and 5) that you authorize consent to the performance to this procedure or operation. 6) you authorize the use of any additional services deemed medically reasonable and necessary, including but not limited to, the administration and maintenance of anesthesia services, pathology, radiology and related follow –up care. 7) that photographs or videography may be taken before, during, and after surgery become the property of my physician for use in educational journals and only of the specific body par(s)t that is being operated on. Also agree to the use of the negatives or prints for such purposes.