

CONSENT FOR ASSISTANT(S) DURING THE PROCEDURE

I (we) consent the technical assistants and other health care providers listed below to assist my surgeon in performing the procedures or important aspects of the procedure, but not limited to, opening and closing, harvesting grafts, dissecting tissues, removing tissue, implanting devices, altering tissue, providing exposure via position and/or wound retraction, draping, using equipment or instruments, suturing:

DATE: _____ TIME: _____ am/pm

Signature of Patient (or Legal Representative)

Witness (to signature ONLY)

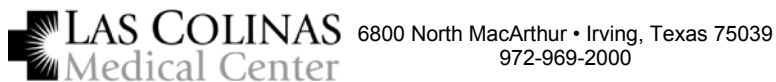
Address

Street or P.O. Box

City

State

Zip



Consent for Assistant(s) During the Procedure Disclosure and Consent



TREAT

PATIENT IDENTIFICATION