

Dr. Stephen Dent, M.D.

477 N El. Camino Real Suite A202
Encinitas, CA 92024
(760) 479-2100

I _____ do hereby give consent to Dr. Dent MD

to perform: _____.

Dr. Dent has discussed with me the reasons and benefits of this surgery. I understand the outcomes with and without the surgery and have been discussed with me in detail. I further understand that any operation or procedure involve some risks and hazards. The more common risk include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and severe blood loss.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. You can discuss these risks with your anesthesiologist before your surgery.

Dr. Dent has fully explained in terms clear to me, the effect and nature of the operation(s) to be performed, the foreseeable risks involved, alternative methods of treatment including not operating and not treating at all, as well as what I can expect to experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask questions and that these questions have been answered to my satisfaction.

If any tissue, lesions or part is removed, the medical facility will send to pathology or dispose of it in accordance with the medical facilities usual custom.

I have read, understand and accept the risks and complications of this operation. I have made known to my physicians any medical term appearing in this form with which I am unfamiliar and all such medical terms have been explained to my satisfaction. Alternative types of treatment have been discussed with me and I want to go ahead with surgery.

Signature: _____ Date: _____

Print name: _____

Witness: _____