More Than Just Podiatry
Going the distance
to meet your needs
General & Surgical

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AUTHORIZATION FOR PERFORMANCE OF SURGICAL PROCEDURE(S)

I consent to have the following procedure(s) _____

_____, on _____.

This procedure is to be performed by **Dr. James D. Sills-Powell** to treat the condition(s), which appear indicated by the exam and studies already performed.

It has been explained to me, and I understand, that during the course of the procedure, unforeseen conditions may be revealed that requires an extension of the original procedure(s). I request and authorize that **Dr. James D. Sills-Powell**, to perform such procedure(s) as deemed necessary and desirable in the exercise of his professional judgment, including the administration of local anesthetics.

I have been advised of the most common risks and consequences associated with this procedure(s), and I assume those risks. Possible risks and complications included, but are not limited to the following:

- *Prolonged Healing Time*
- *Infection*
- *Scar Tissue Formation*
- *Need for Additional Surgery*

I have been informed of the alternatives to the procedure(s) to be performed, and the most common risks and consequences with same.
I have been informed that there are other risks such as *loss of blood, cardiac arrest, reaction to anesthesia, etc.* that are attendant to the performance of any surgical procedure and I assume those risks. No guarantees or assurances have been made concerning the expected results of the procedure(s) to me or to the patient if other than me.

I consent to the disposal of any tissue parts, or specimens, which it may be necessary to remove during the procedure.

I consent to the presence of medical personnel during the procedure(s).

_____	_____	_____
Patient's Name (print)	Signature	Date
_____	_____	_____
Parent/Guardian	Signature	Date