Sand Lake Surgery Center

CONSENT TO INVASIVE PROCEDURE, DIAGNOSTIC, THERAPEUTIC NERVE BLOCK

I ____ hereby authorize Dr.______________________________
(Name of Patient, Relative or Authorized Agent for Patient)
And whomever he/she may designate as his/her assistants, to perform upon the patient, the following Procedure (In Layman's Terms) ____

____

I understand that during the course of the procedure, unforeseen conditions may arise which may require the physician to perform procedures in addition to or different from those contemplated. I further authorize my physician and/or his/her associates and assistants to notify the proposed and/or to perform any added procedures or treatments as he/she, in the exercise of their professional judgment, deem necessary.

I understand that there are some risks involved in any nerve block procedure that may include, but are not limited to: Bleeding, Infection, Allergic Reactions, Worse Pain, Convulsions, Nausea/Vomiting/Ulcers, Pneumonia, Headache, Low Blood Pressure, Increased Blood Sugar, Nerve Injury or Death.

I understand and acknowledge that the physician has fully explained to me that some of the alternatives to this procedure include: Medications, Surgery, Tens, or to do Nothing.

I understand and acknowledge that he/she has fully explained to me the nature and purpose of this procedure, the methods, of treatment, the probable risks involved, and the possibilities of complications, I acknowledge that neither he/she nor the facility has made any guarantee or assurance as to the results that may be obtained.

I certify that I have read and fully understand this consent and the matters which have been explained to me. I further certify that I have full authority and accept full responsibility to execute this consent for and on the behalf of the above named patient and that I am singing freely and voluntarily.

Signed in my presence on:

____ ________________________________
DATE TIME SIGNATURE OF PATIENT

____ ____________________/________________
WITNESS SIGNATURE OF PARENT, GUARDIAN, RELATIVE (RELATIONSHIP)