



Office Operative Consent

1. I hereby authorize Dr. Gregory Bolton, Jr. and such assistants as he may select to perform upon

_____ (Myself or name of patient)

The following operation or procedure:

I understand that during the performance of the operation or procedure it may be necessary to perform additional operations and procedures which may be different from those now contemplated, whether or not arising from presently unforeseen conditions, which the above names doctor or his associates or assistants may consider necessary or advisable in the course of the performance of this operation or procedure.

2. I consent to the administration of such anesthetics as may be considered necessary or advisable by the physician responsible for this procedure, with the exception of

_____ (State none if no exceptions)

3. The nature and purpose of this operation or procedure, possible alternative methods of treatment, the risks involved, the possible consequences, and the possibility of complications have been explained to me by Dr. Gregory Bolton, Jr.

Some of these risks or possible complications are:

4. I acknowledge that no guarantee or assurance has been given to me by anyone as to the results which may be obtained from the performance of these operations or procedures.

5. I consent to photographing or televising of the operation or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, providing that my identity is not revealed by the pictures or by any descriptive text accompanying.

6. I consent to the disposal by the physician of any tissue or body parts which may be removed.

7. I have been advised of the nature of the operation and have been advised that if I desire a further and more detailed explanation of any of the foregoing or any further information about the possible risks or complications of the above listed operation it will be given to me.

8. I do not request any further or more detailed listing or explanation of any of the items listed above.

Signed: _____
(Patient or person authorized to consent for patient)

Witness: _____