



The Procedure

I, _____, desire that Rory Satterfield, MD and such assistants as may be assigned by him, to perform the elective procedure of:

_____.

General Risks

The nature and purpose of the procedure, possible alternative methods of treatment, risks and possible complications have been fully explained to me by Rory Satterfield, MD. I understand that this procedure is not an emergency. I have been advised that all procedures involve general risks, including but not limited to bleeding, infection, nerve or tissue damage and rarely, cardiac arrest, death or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

Anesthesia Risks

I understand that anesthesia may be given and that it, too, carries risks. I consent to the administration of that anesthesia and to the use of such anesthetics as Rory Satterfield, MD may deem advisable.

Unforeseen Risks

It has been explained to me that during the course of the procedure unforeseen conditions may be revealed that necessitate an extension of the original procedure. I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the procedure commences.

Communication

I agree to follow any aftercare instructions provided by Dr. Satterfield upon my discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits and alternatives to my procedure and that I have discussed them with Rory Satterfield, MD. All my questions have been answered to my satisfaction.

Signature of patient or Designated Care Provider

Date: ___ / ___ / 2005

Witness

Rory Satterfield, MD