

Informed Consent for Surgery or Treatment



Patient: _____

1. I hereby request and authorize Marcelo Hochman, MD, his assistants, and operating room personnel to perform upon me:

On or about the date of: _____

In general, the purpose of the procedure is: _____

2. Dr. Hochman has fully explained, in terms clear to me, the effect and nature of the local anesthesia as well as the operation(s) to be performed, foreseeable risks involved, alternative methods of treatment, as well as what I can expect if surgery is uneventful. I further acknowledge that I have been given an opportunity to ask any questions I desired and that these questions have been answered to my satisfaction. *Initial* _____
3. I also authorize Dr. Hochman to perform any other procedure(s) or take whatever measures he may deem necessary or desirable, in addition to or in substitution for the surgical procedures initially contemplated. *Initial* _____
4. I have been advised that the object of the operation I have requested is improvement in my condition, not perfection; that there is a possibility that imperfection might ensue, and that the result might not live up to my expectations or the desired goals that have been established. I acknowledge that no guarantee has been made by anyone regarding the procedure that I have herein requested and authorized. *Initial* _____
5. I have been advised that any incisions made in the skin will leave permanent scars. The extent and location of these scars have been described to me. I have also been advised that scars may take up to one year to mature and the changes that normally occur in their appearance during the healing period have been described to me. *Initial* _____
6. I have been told that a medical grade implant may be used in the above-mentioned procedure and have been advised of the risks as well as alternative forms of treatment. *Initial* _____
7. I have been informed that the above procedure may require that transplantation of tissue, cartilage, or bone from other areas of my body. *Initial* _____
8. I understand that if Dr. Hochman judges at any time that my surgery should be canceled for any reason, he may do so. *Initial* _____
9. I agree to follow the instructions given to me by Dr. Hochman to the best of my ability before, during and after surgery. *Initial* _____
10. I hereby state that the information I furnished to Dr. Hochman during my comprehensive pre-operative evaluation is complete and correct and that I have disclosed all my known medical conditions, allergies, or adverse reactions to medical preparations. *Initial* _____

Date: _____

Signed: _____

Patient or Representative

Relationship to patient: _____

Witness: _____

Marcelo Hochman, MD