

CONSENT FOR SURGICAL PROCEDURE

My Physician, Dr. Greg R. Brockbank, has explained my medical condition(s) to my satisfaction and I have had the opportunity to have my questions answered. I accept the risk of substantial and serious harm, if any, in the hopes of obtaining the desired benefits of the procedure(s).

My proposed treatment, it's purpose, and its alternatives have been explained to me. I have been given information about the risk of this medical procedure(s). I also understand that The procedure(s) may result in complications, even though the utmost care, judgment, and skill are used. I understand that all anesthetics involve risk and that serious injury or death have been known to occur. I accept the risk of substantial and serious harm, if any, in the hopes of obtaining desired beneficial results of such care.

I recognize that during the procedure(s), unforeseen conditions may require additional or different procedures than those explained. I request that Dr. Brockbank, and his associates, perform those procedures as in their professional judgment, are desirable.

Any tissues that are removed from my body may be examined and then disposed of by the staff personnel.

This consent extends to Brockbank's associates and assistants who are under his supervision.

I have decided to accept the proposed agreement.

Proposed Medical Procedure: _____

Patient: _____

Surgical date (If known): _____

Patient Signature: _____ **Date:** _____

Parent of Legal Guardian (if patient is a minor): _____

Surgeon : _____

Gregory Brockbank, DPM _____