



DARIN A. BOCIAN, DPM

BOCIANDPDM.COM

Podiatry and Surgery of the Foot

Certified by the American Board of Podiatric Surgery

CONSENT TO ROUTINE AND GENERAL PROCEDURES

PATIENT'S NAME: _____ DATE: _____

- 1) I hereby authorize Dr. Bocian and his assistants to perform routine and general foot care.
- 2) If any unforeseen condition arises during the course of the procedure, I request and authorize the aforementioned physician and his assistants to perform or do whatever they deem necessary to treat such unforeseen conditions.
- 3) By signing this form, I realize that I am giving Dr. Bocian permission to treat my condition in a manner that is reasonable and acceptable with today's medical standards.
- 4) I understand I have the right to refuse treatment at any given time during the course of treatment.
- 5) I acknowledge I have the right to refuse treatment at any given time during the course of treatment.
- 6) I acknowledge that full and complete disclosure of the information in this consent form has been made and that my questions asked about these procedures have been answered in a satisfactory manner.

Signature of Patient

Witness

If patient lacks capacity to consent because:

- Minor- under age 18
- Physical or mental incompetence

Then the following must sign:

Legal Guardian or Legal Authority

Witness