

ESSEX SPECIALIZED SURGICAL INSTITUTE

CONSENT FOR LASER SURGERY

_____ is scheduled for out-patient surgery
at Essex Specialized Surgical Institute.

Name of Operation: _____

Surgeon: _____

To the best of my knowledge, all the answers to the questions I have been asked are true and I have not withheld any information.

I hereby consent to the proposed operation and the administration of the necessary pre-operative and post-operative medications.

Signature of Patient/Guardian

Date

Signature of Witness

I have obtained an informed consent from the above patient prior to the date of surgery. I have described to the patient or the patient's representative the indications of the surgery, and the material risks, benefits and alternatives to the surgery, including any risks and benefits of these alternatives, and the expected discharge prognosis.

Surgeon's Signature