

CONSENT TO PROVISION OF SURGICAL SERVICES

I _____, authorize
the performance of the following procedures:

to be performed by Dr. _____ and

associates as deemed necessary. Dr. _____

has explained the nature and purpose of the above operation including possible alternative
methods of treatment as well as risks and possible complications to my satisfaction.

Comments: _____

The results that may be obtained from this surgery have not been guaranteed.

PATIENT / GUARDIAN

M.D.