



INFORMED CONSENT FOR SURGICAL PROCEDURE OR
INVASIVE TREATMENT PROCEDURE

Advocare Care Center

Patient's Name

Patient's Date of Birth

Provider's Name

Date of Service

I hereby consent to have the following procedure performed upon myself or my child.

List the Procedure

My provider has discussed with me the manner by which the procedure or treatment will be performed. I understand that this procedure is voluntary (that is, it is not an emergency at this time). I also understand that although numbing medicine may be used, I may still feel some pain during and after the procedure. My provider has also explained that there are certain risks associated with the procedure including the following:

I understand that an alternative is to choose not to have the procedure performed. My provider has explained to me the risks of making this choice. I have discussed the risks, the benefits, and other options with my provider and all of my questions have been answered.

By signing this form, I acknowledge that I understand the risks, benefits, and alternatives of the surgical procedure or the invasive treatment procedure described above.

Signature

Date

Relationship, if not patient

Provider Signature

Date

Witness Signature

Date