

Patient Name _____

Date of Birth _____

PROCEDURE INFORMED CONSENT

1. I, the undersigned, hereby authorize Dr. Gregory Morrison to perform the following procedure

2. The procedure is intended to diagnose and/or treat and/or resolve my condition known as:

3. The inherent specific risks/possible complications of the procedure have been fully explained to me.
4. All alternative methods that reasonably apply (including risks, consequences, and probable effectiveness of each) have been fully explained to me.
5. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the proposed treatment.
6. I have had sufficient opportunity to discuss my condition and treatment with the doctor and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed procedure.

SIGNATURE OF PATIENT OR AUTHORIZED INDIVIDUAL

DATE

Literature/handouts given to the patient: _____

Physician Certification:

I hereby certify that I have explained the nature and purposes of, and alternatives to, the proposed treatment and the risks and consequences of not proceeding. I have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Physician Signature: _____

Print Name _____

Date: _____

NOTE: THIS DOCUMENT WILL BE MADE PART OF THE PATIENT'S MEDICAL RECORD

Risks and Possible Complications

Below is a list of standard inherent risks and possible complications that pertain to almost any kind of surgical operation or procedure including those performed by a plastic surgeon. This list does not include every kind of potential difficulty. Fortunately, most of the following are infrequent or rare. However, the patient must routinely consider all of the following before signing the Consent for Operation.

Infection

Anesthesia reactions or complications

Allergic reactions

Blood clots

Unexpected bleeding

Pulmonary (lung) problems

Special risks for nicotine users



↔ May be minor or life-threatening

Cigar, cigarette smoking nicotine gum chewing
Nicotine patch wearing, snuff use
Inhaling nearby ("second-hand") smoke

Skin necrosis (dead skin)

Nerve damage

Seroma (abnormal fluid collection)

Changes in skin sensation

Scarring

Asymmetry

Skin graft

Skin contour irregularities

Need for repeat revision operation(s)

Allergic reaction to topical preps,
Suture material, tape

Patient dissatisfaction/depression

Restrictions of normal activities, work,
exercise routines

Possible recurrence problem

Wound healing difficulties

Pain –acute and/or chronic

Delayed healing

Your doctor will discuss the above and any others that may apply to your particular case.

Note: This document will be made part of the patient's medical record.