

I, \_\_\_\_\_, desire Erik Nuveen, MD and such assistants that may be assigned by him, to perform the elective procedure(s).

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Erik Nuveen, MD during my pre-operative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand the anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Erik Nuveen, MD or a qualified anesthesia provider and to the use of such anesthetics as he may deem available.

It has been explained to me that during the course of the operation, unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, and/or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer-generated documents were used in my planning that they were used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied, as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery. I give permission for photographs to be taken, during and after my surgery, for all educational uses or purposes.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings related to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Erik Nuveen, MD.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Erik Nuveen, MD to discuss them with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_

**YOU WILL SIGN THIS DOCUMENT ELECTRONICALLY WHEN CHECKING IN TO OUR OFFICE ON THE DAY OF YOUR SURGERY.**

**THERE IS NO NEED TO PRINT THIS DOCUMENT.**