Hamilton Lake Clinic
Because your life matters

Patient Name: _____

I approve and direct Dr.(s) _____ or other doctors

judged qualified by him or her to perform a_____. .

Sedation and Anaesthesia

This procedure will be done with:

__ no sedation (medicines used to make you calm, drowsy, or fall asleep)

__ Under Local Anaesthesia

The risks, benefits, alternatives and complications of the Local anaesthetic have been explained and my questions answered. I, the patient, or someone representing me, has approved the plan for Local Anaesthetic.

My doctor may need to do other procedures during this surgery or procedure. This could happen if he or she finds an unexpected condition. If my doctor feels it's needed, he will inform me about the same during the procedure and I will make a decision on if want to get the procedure done or not.

I understand the purpose of the surgery or procedure needed for my treatment. I know the practice of medicine, surgery is not an exact science. I know that no guarantee can be made about the outcome.

Risks

I understand the medical risks and results including:

I also understand there are general risks with surgery or invasive procedures. These risks are:

• infection

• bleeding

• injury to surrounding structures

• Scar Formation

• Pain

• Swelling

. Bruising

. Hematoma

. Numbness

. Paralysis of Nerve

. Wound Dehiscence (Wound Splitting Up)

. Wound Healing

. Reaction to LA and dressing material

. Reactions to Skin preparation agents

These risks have been explained to me.

Benefits

I also know the benefits including:-
_____ .

Other Options

I have been told of any reasonable other treatment choices. I know the risks and results of these other choices. These include, but are not limited to:
_____

I have also been told of the risks and results of having no treatment:
_____

.

Consent for Use of Tissue

Unless I say otherwise, I allow _____ to send the tissue removed during the surgery for Biopsy or further testing . They may dispose of these by standard medical practice. I give up any claim I may have to this tissue, once removed.

Consent to take part in medical research, study or education

related to my care

I agree to have pictures taken for medical study or research. I agree to the first copying or publication of these pictures, as long as my identity is kept secret. To advance medical education, I also agree to allow observers, technical representatives and participants in the operating room. I also understand that I may have a physical exam for educational reasons.

Interpreter and Translation Services Statement

If English is not my first language, an interpreter and or translation services were offered and provided to me:

☐ YES ☐ NO ☐ N/A

Before you sign....let's make sure you understand everything

To make sure we have explained this well, please answer these questions:

1. The procedure I am having is called a _____ .

2. Local Anaesthetic will be used. _____

3. I know there are always _____ to minor surgery

and other procedures. One of these is _____. .

4. Along with risks, there are also _____ to this procedure.

These are _____ .

5. I am agreeing to have my _____ taken for medical research or study.

Signatures

My signature below means that:

• I have read and understand this consent form.

• I have been given all the information I asked for about the procedure(s), risks, and other options.

• All my questions were answered.

• I agree to everything explained above.

Patient's Signature: _____

Date signed: _____

Doctor's Signature: _____

Date signed: _____

Witness: _____

Date signed: _____

If the patient is not able to consent for herself, complete the following:

Patient _____ is not able to consent because:

Legally responsible person: _____

Relationship to patient: _____

Date signed: _____

If an interpreter was used: _____

Signature of interpreter: _____

Date of service: