

# THE SURGERY CENTER OF FAIRBANKS

1. I hereby authorize Dr. \_\_\_\_\_ to perform the following operation or procedure, known as \_\_\_\_\_ upon the patient named below.
2. The nature of the operation or procedure has been explained to me. I have been informed of the usual risks and benefits, as well as of alternative treatments. I acknowledge that no guarantee or assurance has been made as to the results or cure that may be obtained from this procedure. I understand and accept the possibility of risks and complications.
3. I recognize that, during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those set forth in Paragraph 1. I therefore further authorize and request that the above named physician perform such procedures as are in his/her professional judgment, necessary and desirable. The authority granted under this Paragraph shall extend to remedying conditions that are not known at the time of the procedure.
4. I hereby authorize the physician to use his/her discretion in the disposal of any severed tissue or member.
5. I hereby authorize and direct the physician named above to provide such additional services for me as he or she may deem necessary and reasonable. This includes but is not limited to the administration and maintenance of anesthesia or moderate sedation and the performance of services involving pathology and radiology. Although rare, several complications with anesthesia can occur and include the possibility of infection, bleeding, drug reactions, blood clots, permanent loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death.
6. \_\_\_\_\_ ***For patients electing to receive moderate sedation:***

Initials I acknowledge that the options and risks associated with sedation have been explained to me by my provider. The expected result for moderate sedation is: a depressed level of consciousness while retaining the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation and/or verbal commands. Moderate sedation is achieved through the following method: medications intravenously injected into the bloodstream. Risks include but are not limited to: an unconscious state, depressed breathing, injury to blood vessels and/or allergic reaction.

**I HAVE READ AND UNDERSTAND THE ABOVE. ALL THE BLANKS ARE FILLED IN. I DO NOT REQUIRE ANY FURTHER EXPLANATION OF THE RISKS OR POTENTIAL COMPLICATIONS OF THIS OPERATION OR OTHER INVASIVE PROCEDURE.**

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Relationship to Patient (if not self)

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Physician Signature

Patient Label