



Extraordinary care for every generation.

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CONSENT FOR SURGERY

Garrett Kerns, D.O.

PLEASE READ THIS CONSENT CAREFULLY! DO NOT SIGN IF YOU DO NOT UNDERSTAND IT OR IF YOU HAVE ANY UNANSWERED QUESTIONS.

I, _____ have been duly informed by Dr. Kerns of the nature, risks, possible complications and consequences which may result from the following **surgical procedure**:

I have also been informed of the available **alternative methods of treatment**:

My physical conditions have been **diagnosed as**:

I hereby consent to the surgical procedure described above, which shall be performed by or under the direction of Dr. Kerns, and I understand that this operation is being performed for the relief of my condition, which is listed above.

Dr. Kerns has explained to my satisfaction the risks involved for this surgery. I understand that all surgery carries risks and the risks include, but are not limited to, the following: infection, blood loss, complications of transfusion, complications of anesthesia, allergic reactions, failure of operation to work, damage to nerve, bone, muscle, tendon, arteries, veins, ligaments, skin, other body structures and

organs, weakness of a limb, and numbness. In any surgical procedure, there is a rare chance of death. If the surgery involves the spine, additional risks would include, but not be limited to: damage to the dura, leakage of spinal fluid, bowel or bladder weakness or paralysis, impotence, and paralysis, either partial or complete. If any spinal instrumentation is placed in the spine, there is a chance that it may loosen or break, requiring further surgery.

I have been informed that there is the possibility that a blood transfusion may be required. I have been informed that there are positive and negative aspects of receiving autologous (self-donated) blood, as well as non-autologous blood and intra-operative autologous transfusion.

In neck surgery, additional risks would include, but not be limited to: damage to the esophagus, trachea, arteries and nerves in the neck, difficulty swallowing, hoarseness, drooping of eyelid, or other risks.

It is my belief that this surgery is needed. I have arrived at this conclusion independently and have asked Dr. Kerns to perform the surgery. Dr. Kerns has explained to me that conditions may arise during the surgery which are unforeseen at this time, such that Dr. Kerns and the physicians under his direction may consider it necessary and advisable to perform operations and procedures different from and in addition to, the surgery described on the previous page.

I have had the opportunity to ask Dr. Kerns any and all questions I have regarding this operation including why it is being done and the expected results and benefits from this procedure.

I have also been able to question him as to the alternatives to this surgery. All of my questions have been answered to my complete satisfaction.

I accept the fact that the practice of medicine and surgery is not an exact science and I have neither asked for nor received any guarantees or promises as to the results of this surgery.

I have reported to this office accurately, and to the best of my knowledge, information pertaining to my previous and present medical health status, including my medical history and drug use. I understand that my failure to report, or falsifying any information concerning my health, could result in complications during or after my procedure. If this is found to be the case, I will in no way hold the staff of this office, the physicians, or any independent agents responsible for my omissions.

This consent form has been explained to me and I acknowledge that I have read and understand its contents, and I hereby give my consent for this surgical procedure.

SURGERY IS NOT WITHOUT RISK. COMPLICATIONS CAN AND DO HAPPEN. DO NOT SIGN THIS FORM UNLESS YOU ARE CONFIDENT THAT YOU UNDERSTAND, ACCEPT AND FULLY AGREE WITH THE NEED FOR SURGERY AND ACCEPT THESE SERIOUS RISKS.

Patient Name

Date

Signature of Patient