INFORMED CONSENT FORM FOR PODIATRIC CARE

A. Patient Name_____

B. I authorize Dr._____, DPM and any other agents or employees of _____ and others as my podiatric physician deems necessary for my care to treat the condition(s) described below:

_____

_____

C. The procedure(s) to treat the condition(s) have been explained to me, and include:

_____

_____

D. My podiatric physician and I discussed the benefits of the procedure(s), which are:

_____

_____

E. It has been explained to me that there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of this procedure.

F. My podiatric physician and I discussed that there may be certain inherent and potential risks or discomforts in any treatment plan or procedure. I understand that the following may be an inherent or potential risk or discomfort for the treatment that I will receive:

_____

_____

G. Reasonable alternative treatments to this procedure, including no treatment, have been explained to me by my podiatric physician.

H. I had the opportunity to ask the podiatric physician about the procedure, benefits, risks and alternative treatments.

I. This consent for treatment does not encompass the entire discussion I had with the podiatric physician regarding the proposed treatment.

J. I understand that it is impossible for the podiatric physician to inform me of every possible complication that may occur.

By signing below, I agree that my podiatric physician has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of the procedure(s) described herein.

Patient:_____Date/Time_____

Patient Name (please print name):_____

Witness:_____Date/Time_____

Witness (please print name):_____